

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732417

FILED
Jan 20, 2005
Secretary of State

Entity Name: COASTAL OPTIMIST CLUB OF WAKULLA, FLORIDA, INC.

Current Principal Place of Business:

104 COASTAL HIGHWAY
PANACEA, FL 32346

New Principal Place of Business:

Current Mailing Address:

ATTN: JUNE C. VAUSE
P.O. BOX 610
PANACEA, FL 32346

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VAUSE, JUNE C
P.O. BOX 610
PANACEA, FL 32346 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VERSIGA, WILLIAM V
Address: 2932 CRAWFORDVILLE HIGHWAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: CARTER, R.H.
Address: 2932 CRAWFORDVILLE HIGHWAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: PAYNE TURNER, SUSAN
Address: 2932 CRAWFORDVILLE HIGHWAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: VAUSE, JUNE C
Address: P.O. BOX 610
City-St-Zip: PANACEA, FL 32346

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUNE C VAUSE

T

01/20/2005

Electronic Signature of Signing Officer or Director

Date