2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732417

FILED Jul 06, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

104 COASTAL HIGHWAY PANACEA, FL 32346

Current Mailing Address: New Mailing Address:

ATTN: JUNE C. VAUSE ATTN: KRISTINE DARNELL P.O. BOX 610 P.O. BOX 610 PANACEA, FL 32346 CRAWFORDVILLE, FL 32326

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VAUSE, JUNE C DARNELL, KRISTINE

P.O. BÓX 610 P.O. BOX 610

PANACEA, FL 32346 CRAWFORDVILLE, FL 32326 US US

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: KRISTINE DARNELL 07/06/2006

> Electronic Signature of Registered Agent Date

> > Name:

OFFICERS AND DIRECTORS:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete VERSIGA, WILLIAM V VAUSE, JUNE C

2932 CRAWFORDVILLE HIGHWAY Address: 2932 CRAWFORDVILLE HWY Address: City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: CRAWFORDVILLE, FL 32327

Title: Title: D (X) Change () Addition

() Delete Name: CARTER, R.H. Name: BYRD, PATSY

Address: 2932 CRAWFORDVILLE HIGHWAY Address: PO BOX 884 City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: PANACEA, FL 32346

Title: () Delete Title: (X) Change () Addition PAYNE TURNER, SUSAN

Name: MASSA, LARRY Name: 2932 CRAWFORDVILLE HIGHWAY 256 MAGNOLIA RIDGE N Address: Address: City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Delete Title: (X) Change () Addition

VAUSE, JUNE C Name: Name: DARNELL, KRISTINE

2932 CRAWFORDVILLE HWY Address: P.O. BOX 610 Address: CRAWFORDVILLE, FL 32327 City-St-Zip: PANACEA, FL 32346 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KRISTINE DARNELL Т 07/06/2006