

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90038 033 ****61.25

DOCUMENT # 734712

1. Entity Name

OPTIMIST CLUB OF TAMPA YOUTH FUND, INC.



Principal Place of Business

P.O. BOX 243
TAMPA FL 33601

Mailing Address

P.O. BOX 243
TAMPA FL 33601



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1663273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEBLUM, GARY I
14039 SHADY SHORES DR.
TAMPA FL 33613

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME TRUFFA, JOHN
STREET ADDRESS 4319 FAIRCOURT DRIVE
CITY- ST- ZIP VALRICO FL 33594

TITLE ☐ Delete
NAME PD
NAME PAYNE, MARK
STREET ADDRESS 620 E TWIGGS STE 204
CITY- ST- ZIP TAMPA FL 33601

TITLE ☐ Delete
NAME D
NAME HOUGHTON, BRUCE
STREET ADDRESS 3012 SCHILLER ST
CITY- ST- ZIP TAMPA FL 33619

TITLE ☐ Delete
NAME D
NAME PARRISH, DAVID M
STREET ADDRESS 464 SHARGAS LA DR
CITY- ST- ZIP SEFFNER FL 33584

TITLE ☐ Delete
NAME T
NAME STAFFORD, JESSE E.
STREET ADDRESS 202 W. ELM ST.
CITY- ST- ZIP TAMPA FL 33604

TITLE ☐ Delete
NAME D
NAME HENRIQUEZ, WAYNE
STREET ADDRESS 18043 SPENCER ROAD
CITY- ST- ZIP ODESSA FL 33556

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition
NAME PD
NAME JOHN ROYCE TON
STREET ADDRESS 5045 37TH STREET SOUTH
CITY- ST- ZIP ST. PETERSBURG, FL 33711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jesse E. Stafford TREASURER
JESSE E. STAFFORD 3/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Document Number