2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State
01-08-2007 90236 034 ****70.00

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DOCUMENT # 737293

1. Entity Name
OPTIMIST CLUB OF GULF BREEZE, FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 687 GULF BREEZE, FL 32562	P.O. BOX 687 GULF BREEZE, FL 32562

01032007 Chg-NP CR2E037 (12/06)

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

4. FEI Number 23-7008079 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GINN, LEON
1607 GUAM LANE
GULF BREEZE, FL 32563

7. Name and Address of New Registered Agent

Name NAILE, Tom
Street Address (P.O. Box Number is Not Acceptable)
314 ANDREW JACKSON TRL
City GULF BREEZE FL Zip Code 32561

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 TOM NAILE Tom Naile 1/3/07
Signature, typed or printed name of registered agent and title if applicable. (If a Registered Agent is changed, signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P PURDON,, DAVID 1387 CALCUTTTA DR. GULF BREEZE, FL 32563	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURR, MARGUERITE 281 ~~AL~~ PLANTATION HILL RD GULF BREEZE, FL 32561 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T GINN, LEO 1607 GUAM LANE GULF BREEZE, FL 32563	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NAILE, Tom 314 ANDREW JACKSON TRL GULF BREEZE, FL 32561 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST ZIP	D DELLA RATTA, PETE 3332 CRESTVIEW LANE GULF BREEZE, FL 32563	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BENVENUTI, SUE 202 PINETREE DR GULF BREEZE, FL 32561 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D NEEDLE, DON 1187 HINDU COVE GULF BREEZE, FL 32563	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRISSEY, JOHN 290 PLANTATION HILL RD GULF BREEZE, FL 32561 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CAMPBELL,.AL 951 CORONADO DRIVE GULF BREEZE, FL 32563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D PORTER, CHARLES 1116 WILDWOOD CIR GULF BREEZE, FL 32563 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Tom Naile TOM NAILE 1/3/07 8509328303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #