2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745596

FILED Jan 22, 2009 Secretary of State

Entity Name: WINTER HAVEN OPTIMIST CLUB, INC.

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

3524 ROYAL COURT 4307 SHADOW WOOD LANE S.W. LAKELAND, FL 33813 WINTER HAVEN, FL 33880 US

Current Mailing Address: New Mailing Address:

PO BOX 7586

WINTER HAVEN, FL 338837586 US

FEI Number: 59-6206910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FRIEDMANN, STANLEY L

3524 ROYAL COURT

LAKELAND, FL 33813 US

DELOACH, FRED

4307 SHADOW WOOD LANE S.W.
WINTER HAVEN, FL 33880 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: FRED DELOACH 01/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition

 Name:
 WHITE, KEITH
 Name:

 Address:
 6037 GRAND OAKS DRIVE SE
 Address:

 City-St-Zip:
 WINTER HAVEN, FL 33884
 City-St-Zip:

Title: P () Delete Title: P (X) Change () Addition Name: BENNETT, SAM Name: ALBRITTON, DEBBIE

Address: 3983 JACLYNS JETTY Address: 2835 SOUTH LAKE DEER DRIVE S.W.

City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: WINTER HAVEN, FL 33880

Title: T () Delete Title: S/T (X) Change () Addition Name: DELOACH, FRED Name: DELOACH, FRED

Address: 4307 SHADOW WOOD LANE SW Address: 4307 SHADOW WOOD LANE SW

City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: WINTER HAVEN, FL 33880

Title: () Delete Title: (X) Change () Addition THOMPSON, JEANNE Name: GOODSON, LARRY Name: 961 NORTH HERON CIRCLE SE 201 COLLEGE GROVE CIRCLE N.E. Address: Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify 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: FRED DELOACH SEC 01/22/2009