2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #754008

1. Entity Name

THE OPTIMIST CLUB OF MILTON, INC.



FILED Jul 05, 2005 08:00 AM Secretary of State

Principal Place of Business C/O ROBERT LAND 6020 MANDIE LANE

MI. JON, FL 32570

Mailing Address

C/O ROBERT LAND 6020 MANDIE LANE MILTON, FL 32570



06302005 No Chg-NP

CR2E037 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAND, ROBERT 6020 MANDSE LANE MILTON, FL 32570

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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 (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable, 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10, TITLE NAME LOUIS, RICH 6341 HAPPY LANE STREET ADDRESS CITY-ST-ZIP MILTON, FL 32570 TITLE NAME LAND, ROBERT STREET ADDRESS 6020 MANDIE LANE CITY-ST-ZIP MILTON, FL TITLE NAME DEMPSEY, BILL STREET ADDRESS 8771 HICKORY HAMMOCK RD DO NOT WRITE CHY-SI-7P MILTON, FL IN THIS SPACE TITLE NAME DEMPSEY, JANICE STREET ADDRESS 8771 HICKORY HAMMOCK ROAD CITY-SI-ZIP MILTON, FL TITLE NAME LAND, ROBERT STREET ADDRESS 6020 MANDIE LANE CITY-ST-ZIP MILTON, FL 32570 TITLE NAME BODAMER, CHARLES STREET ADDRESS 7031 PINE BLOSSOM RD CITY-ST-ZIP MILTON, FL 32570

2. I hereby certify that the information supplied with this filing does not qualify 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 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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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