

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 754008**

1. Entity Name  
**THE OPTIMIST CLUB OF MILTON, INC.**



Principal Place of Business

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

Mailing Address

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



02222006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 MANDIE LANE  
MILTON, FL 32570

**DO NOT WRITE  
IN THIS SPACE**

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 Bill Dempsey Treas.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

23 Feb. 06

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOUIS, RICH 6341 HAPPY LANE MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAND, ROBERT 6020 MANDIE LANE MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEMPSEY, BILL 8771 HICKORY HAMMOCK RD MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMPSEY, JANICE 8771 HICKORY HAMMOCK ROAD MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAND, ROBERT 6020 MANDIE LANE MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BODAMER, CHARLES 7031 PINE BLOSSOM RD MILTON, FL 32570

000000447806  
03/08/06-80071-016 \$1.25

**DO NOT WRITE  
IN THIS SPACE**

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: William Dempsey Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 Feb. 06. 850-623-3711

Date

Daytime Phone