



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 754008</b> 1. Entity Name <b>THE OPTIMIST CLUB OF MILTON, INC.</b>			
Principal Place of Business <b>C/O ROBERT LAND 6020 MANDIE LANE MILTON, FL 32570</b>		Mailing Address <b>C/O ROBERT LAND 6020 MANDIE LANE MILTON, FL 32570</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 01152008 No Chg-NP CR2E037 (4/06)	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAND, ROBERT 6020 MANDSE LANE MILTON, FL 32570</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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		
<b>DO NOT WRITE IN THIS SPACE</b>			
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: <u>William Dempsey Jr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4 Feb. 08</u> <small>Daytime Phone #</small>	