2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# 754008

Entity Name: THE OPTIMIST CLUB OF MILTON, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAND, ROBERT
6020 MANDSE LANE
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LOUIS, RICH	
Address:	6341 HAPPY LANE	
City-St-Zip:	MILTON, FL 32570	
Title:	P	( ) Delete
Name:	LAND, ROBERT	
Address:	6020 MANDIE LANE	
City-St-Zip:	MILTON, FL	
Title:	T	( ) Delete
Name:	DEMPSEY, BILL	
Address:	8771 HICKORY HAMMOCK RD	
City-St-Zip:	MILTON, FL	
Title:	D	( ) Delete
Name:	DEMPSEY, JANICE	
Address:	8771 HICKORY HAMMOCK ROAD	
City-St-Zip:	MILTON, FL	
Title:	D	( ) Delete
Name:	LAND, ROBERT	
Address:	6020 MANDIE LANE	
City-St-Zip:	MILTON, FL 32570	
Title:	D	( ) Delete
Name:	BODAMER, CHARLES	
Address:	7031 PINE BLOSSOM RD	
City-St-Zip:	MILTON, FL 32570	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: WILLIAM DEMPSEY T 01/28/2009
Electronic Signature of Signing Officer or Director — Date