

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90063 007 ****61.25

DOCUMENT # 754008



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

Principal Place of Business Mailing Address
C/O ROBERT LAND C/O ROBERT LAND
6020 MANDIE LANE 6020 MANDIE LANE
MILTON FL 32570 MILTON FL 32570

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAND, ROBERT
6020 MANDSE LANE
MILTON FL 32570

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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: _____ SIGNATURE REQUIRED

CR2E037 (10/02)