

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90039 032 \*\*\*\*70.00

**DOCUMENT # N04000007689**

1. Entity Name

**DOWNTOWN OPTIMIST CLUB OF ST. PETERSBURG INC.**



Principal Place of Business

951 34TH STREET NORTH  
ST. PETERSBURG FL 33713  
US

Mailing Address

6236 93RD TERRACE NORTH  
3502  
PINELLAS PARK FL 33782  
US

**50026769**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

6236 93RD TERR. N 3502

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PINELLAS PARK, FLORIDA

City & State

4. FEI Number

59-3671853

Applied For

Not Applicable

Zip

33702

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENA, HLOY C  
6236 93RD TERRACE NORTH  
3502  
PINELLAS PARK FL 33782

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

*Hloy C Pena*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/02/05

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, LAURA	
STREET ADDRESS	6930 11TH AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	PENA, HLOY	
STREET ADDRESS	6236 93RD TERRACE NORTH 3502	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENA, VICTORIA M	
STREET ADDRESS	6238 92ND PLACE NORTH 3202	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUTAN, RICK	
STREET ADDRESS	1409 49TH AVENUE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUTAN, JEAN	
STREET ADDRESS	1409 49TH AVENUE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYWORTH, CHARLES	
STREET ADDRESS	1320 50TH AVENUE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIOLET HAYWORTH	
STREET ADDRESS	1320 50TH AVENUE NE	
CITY-ST-ZIP	ST. PETERSBURG, FLORIDA 33703	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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:

*Hloy C Pena*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY/TREASURER  
HLOYC. PENNA

Date

3/02/05

Daytime Phone #

813-202-1966 x101