2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009808

Title:

Name:

Address: City-St-Zip: TREA

() Delete

MENK TINDLE, GRETCHEN

HOLLYWOOD, FL 33024 US

3000 N 69TH AVENUE

FILED Jan 21, 2005 Secretary of State

Entity Na	me: DRIFTWO	OOD OPTIMIST CLUB, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	OTH AVENUE DOD, FL 33024	us			
Current Mailing Address:			New Mailing Address:		
	K STREET OOD, FL 33024	us			
FEI Number	: 32-0035640	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
	, CHRIS 1TH AVENUE DOD, FL 33024	us			
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete YEOMAN, CHRIS 3000 N 69TH AVENUE HOLLYWOOD, FL 33024 US		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete MEYER, RON 3000 N 69TH AVENUE HOLLYWOOD, FL 33024 US		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete HARRISON, BRIAN 3000 N 69TH AVENUE HOLLYWOOD, FL 33024 US		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SECR () KLEESE, MARIA 3000 N 69TH AV HOLLYWOOD,	/ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GRETCHEN MENK TINDLE **TREA** 01/21/2005

() Change () Addition