

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2005
Secretary of State**

DOCUMENT# N04000010575

Entity Name: SUNSET OPTIMIST CLUB OF PINELLAS COUNTY, INC.

Current Principal Place of Business:

3229 49TH STREET NORTH
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

3229 49TH STREET NORTH
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 90-0054198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARVALIS, RIC
3229 49TH STREET NORTH
ST. PETERSBURG, FL 33710 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: D () Delete
Name: CARVALIS, RIC
Address: 3229 49TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D () Delete
Name: CARVALIS, BETTY JO
Address: 3229 49TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D () Delete
Name: KOLLER, CRAIG
Address: 3229 49TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D () Delete
Name: MOBBERLY, DANIEL
Address: 3229 49TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

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:

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.

SIGNATURE: CRAIG KOLLER

TRES

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date