## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000010575

FILED Apr 22, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 4666 29TH AVENUE NORTH ST. PETERSBURG, FL 33713 **Current Mailing Address: New Mailing Address:** 4666 29TH AVENUE NORTH ST. PETERSBURG, FL 33713 FEI Number: 90-0054198 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARVALIS, RIC 4666 29TH AVENUE NORTH US ST. PETERSBURG, FL 33713 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PDT () Change () Addition () Delete CARVALIS, RIC Name: Name: 46566 29TH AVENUE NORTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33713 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CARVALIS, BETTY JO Name: Address: 4666 29TH AVENUE NORTH Address: City-St-Zip: ST. PETERSBURG, FL 33713 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition KOLLER, CRAIG Name: HAYWORTH, VI Name: 4666 29TH AVENUE NORTH Address: Address: 1320 50TH AVENUE NI City-St-Zip: ST. PETERSBURG, FL 33713 City-St-Zip: ST. PETERSBURG, FL 33703 32 Title: ( ) Delete Title: () Change () Addition Name: MOBBERLY, DANIEL Name: Address: 4666 29TH AVENUE NORTH Address: City-St-Zip: ST. PETERSBURG, FL 33713 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: BETTY JO CARVALIS D 04/22/2009