

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90104 043 ****61.25

DOCUMENT # N05000001777

1. Entity Name

**NORTHEAST JACKSON COUNTY OPTIMIST CLUB, INC.
#60-700**



Principal Place of Business

**5182 9TH AVE
MALONE FL 32445**

Mailing Address

**P O BOX 565
MALONE FL 32445**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, JAMES
5205 HWY 71
MALONE FL 32445**

7. Name and Address of New Registered Agent

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

James R Miller

JAMES MILLER

4/05/06

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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: P ☐ Delete
NAME: MILLER, JAMES
STREET ADDRESS: 5205 HWY 71
CITY-ST-ZIP: MALONE FL 32445

TITLE: ST ☒ Delete
NAME: FRANK, PATRICIA A
STREET ADDRESS: 4089 WHISPERING PINES CIR
CITY-ST-ZIP: GREENWOOD FL 32443

TITLE: VP ☐ Delete
NAME: JORDAN, RENE
STREET ADDRESS: 5635 LINE RD
CITY-ST-ZIP: BASCOM FL 32423

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☒ Change ☐ Addition
NAME: FRANK, PATRICIA A
STREET ADDRESS: 4089 WHISPERING PINES CIR
CITY-ST-ZIP: GREENWOOD FL 32443
TREASURER

TITLE: SECRETARY ☐ Change ☒ Addition
NAME: JOAN SAVAGE
STREET ADDRESS: 4405 BRYAN ST
CITY-ST-ZIP: GREENWOOD FL 32443

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

James R Miller

JAMES MILLER

4/05/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #