

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90035 009 ****61.25

DOCUMENT # N05000001777

1. Entity Name
NORTHEAST JACKSON COUNTY OPTIMIST CLUB, INC. #60-700



Principal Place of Business Mailing Address
5182 9TH AVE P O BOX 565
MALONE FL 32445 MALONE FL 32445



2. Principal Place of Business - No P.O. Box # **5397 10TH AVE**
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State **MALONE FL**

City & State

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

Zip **32445** Country

Zip Country

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 **WILLIAM FLOYD**
 Street Address (P.O. Box Number is Not Acceptable) **5881 OLD U.S. ROAD**
 City **MALONE** FL Zip Code **32445**

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 *William Floyd* **WILLIAM FLOYD / PRESIDENT** DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2008

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 NAME STREET ADDRESS CITY - ST - ZIP	P FLOYD, WILLIAM 5881 BLD US RD MALONE FL 32445 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FRANK, PATRICIA A 4089 WHISPERING PINES CIR GREENWOOD FL 32443 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SPRADLIN, JACK 4940 LOGAN LOOP MALONE FL 32445 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DENECIOR, EARNEST PO BOX 369 MALONE FL 32445 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5881 OLD US RD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP LISA FLOYD 5881 OLD US RD MALONE FL 32445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DENECIOR EARNEST
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William Floyd* **WILLIAM FLOYD 3-13-08**