


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 5182 9TH AVE MALONE FL 32445	Mailing Address P O BOX 565 MALONE FL 32445
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2. Principal Place of Business - No P.O. Box # 5397 10TH AVE	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MALONE FL	City & State
Zip 32445	Country

1st MOORE CR2E037 (10/07)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5881 OLD US RD
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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	S DENECHER, EARNEST PO BOX 369 MALONE FL 32445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DENECHER EARNEST
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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**