

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001777

FILED  
Apr 17, 2009  
Secretary of State

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

## Current Principal Place of Business:

5397 10TH AVE  
MALONE, FL 32445

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 565  
MALONE, FL 32445

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FLOYD, WILLIAM  
5881 OLD US RD  
MALONE, FL 32445 US

## Name and Address of New Registered Agent:

FADER, KAREN  
5488 9TH STREET  
MALONE, FL 32445 US

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: KAREN FADER

04/17/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FLOYD, WILLIAM  
Address: 5881 OLD US RD  
City-St-Zip: MALONE, FL 32445

Title: T ( ) Delete  
Name: FRANK, PATRICIA A  
Address: 4089 WHISPERING PINES CIR  
City-St-Zip: GREENWOOD, FL 32443

Title: VP ( ) Delete  
Name: FLOYD, LISA  
Address: 5881 OLD US RD  
City-St-Zip: MALONE, FL 32445

Title: S ( ) Delete  
Name: DENEICER, EARNEST  
Address: PO BOX 369  
City-St-Zip: MALONE, FL 32445

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FADER, KAREN  
Address: 5488 9TH STREET  
City-St-Zip: MALONE, FL 32445

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: ALTER, JOHN  
Address: 5246 HIGHWAY 71  
City-St-Zip: MALONE, FL 32445

Title: VP (X) Change ( ) Addition  
Name: MURDOCK, MARY CAROL  
Address: P.O. BOX 153  
City-St-Zip: MALONE, FL 32445

Title: S ( ) Change (X) Addition  
Name: PEELER, SHARON  
Address: 5673 GOOSEBERRY ROAD  
City-St-Zip: BASCOM, FL 32423

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: SHARON PEELER

S

04/17/2009

Electronic Signature of Signing Officer or Director

Date