# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 21, 2009**
**Secretary of State**

DOCUMENT# N08000006427

**Entity Name:** OPTIMIST CLUB OF MARCO ISLAND, INC.

**Current Principal Place of Business:**

1083 N. COLLIER BLVD. #407
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

1083 N. COLLIER BLVD. #407
MARCO ISLAND, FL 34145

**New Mailing Address:**

1083 N. COLLIER BLVD. #384
MARCO ISLAND, FL 34145

**FEI Number: 90-0401598** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAROUSI, THOMAS F
1911 KIRK TERRACE
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

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:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | GAROUSI, THOMAS F | |
| Address: | 1911 KIRK TERRACE | |
| City-St-Zip: | MARCO ISLAND, FL 34145 | |
| Title: | VP | ( ) Delete |
| Name: | YOUNG, JAMES | |
| Address: | 318 MEADOWLARK CT. | |
| City-St-Zip: | MARCO ISLAND, FL 34145 | |
| Title: | TRES | ( ) Delete |
| Name: | HOLLOWSKY, BILL | |
| Address: | 208 SHADOW RIDGE CT | |
| City-St-Zip: | MARCO ISLAND, FL 34145 | |
| Title: | BMBR | ( ) Delete |
| Name: | WEST, GREG | |
| Address: | 134 FLAMINGO CIRCLE | |
| City-St-Zip: | MARCO ISLAND, FL 34145 | |
| Title: | BMBR | ( ) Delete |
| Name: | DELGADO, ANDY | |
| Address: | 364 ROOKERY CT | |
| City-St-Zip: | MARCO ISLAND, FL 34145 | |
| Title: | BMBR | ( ) Delete |
| Name: | BURKE, KIM | |
| Address: | 1267 MISTLETOE | |
| City-St-Zip: | MARCO ISLAND, FL 34145 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| 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: /WILLIAM HOLLOWSKY/ TRES 03/21/2009

Electronic Signature of Signing Officer or Director — Date