

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010789

FILED
Jul 13, 2011
Secretary of State

Entity Name: THE TRI-COUNTY OPTIMIST CLUB FLORIDA, INC.

Current Principal Place of Business:

3409 FAIRFIELD STREET
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

3409 FAIRFIELD STREET
THE VILLAGES, FL 32162

New Mailing Address:

FEI Number: 90-0252263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRICE, THOMAS J
3409 FAIRFIELD STREET
THE VILLAGES, FL 32162 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: PD
Name: PHILBRICK, LOIS
Address: 16812 SE 86TH ALBANY AVE
City-St-Zip: THE VILLAGES, FL 32162

Title: TD
Name: PRICE, THOMAS J
Address: 3409 FAIRFIELD STREET
City-St-Zip: THE VILLAGES, FL 32162

Title: VD
Name: CURTON, ANN
Address: 2446 MAVERICK WAY
City-St-Zip: THE VILLAGES, FL 32162

Title: SD
Name: SPRAGUE, MICHAEL
Address: 3385 TALLEY RIDGE DRIVE
City-St-Zip: THE VILLAGES, FL 32162

Title: D
Name: ABERS, WALTER
Address: 1114 MAGRATH WAY
City-St-Zip: THE VILLAGES, FL 32162

Title: D
Name: SPRAGUE, BRENDA
Address: 3385 TALLEY RIDGE DRIVE
City-St-Zip: THE VILLAGES, FL 32162

I hereby 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 all other like empowered.

SIGNATURE: THOMAS J. PRICE

RA

07/13/2011

Electronic Signature of Signing Officer or Director

Date