

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009434

FILED
Apr 30, 2012
Secretary of State

Entity Name: WESTSIDE OPTIMIST CLUB INC

Current Principal Place of Business:

C/O LIONS CLUB
804 S KING RD US 1
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

17693 CORNERSTONE RD
HILLIARD, FL 32046

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CAROL
17693 CORNERSTONE RD
HILLIARD, FL 32046 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
Name: SPICER, GEORGE
Address: 36073 RUSTIC ACRES WAY
City-St-Zip: CALLAHAN, FL 32011

Title: ST
Name: WILLIAMS, CAROL
Address: 17693 CORNERSTONE RD
City-St-Zip: HILLIARD, FL 32046

Title: D
Name: WILLIAMS, RICHARD
Address: 17693 CORNERSTONE RD
City-St-Zip: HILLIARD, FL 32046

Title: D
Name: TYSON, DAVID
Address: 1803 WOFFORD AVENUE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D
Name: QUAILE, WILLIAM
Address: 35306 QUAILE ROAD
City-St-Zip: CALLAHAN, FL 32011

Title: VP
Name: OVERSTREET, ALICE FAYE
Address: 55290 COUNTY TRAIL DR
City-St-Zip: CALLAHAN, FL 32011

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: CAROL WILLIAMS

SEC

04/30/2012

Electronic Signature of Signing Officer or Director

_____ Date