2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State
02-18-2008 90006 031 ****61.25

DOCUMENT # N15091

1. Entity Name

THE OPTIMIST CLUB OF DUNEDIN, FLORIDA, INC.

Principal Place of Business	Mailing Address
596 BAYWOOD DR. N DUNEDIN FL 34698 US	PO BOX 1731 DUNEDIN FL 34697-1731

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2573583 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FEEHERRY, THOMAS 130 PATRICIA AVE. #54. DUNEDIN FL 34698	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARDS, MARK 1670 CINNAMON LANE DUNEDIN FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR\SECRETARY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NYSTROM, PAUL H 1665 CINNAMON LANE DUNEDIN FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'CONNELL, ROBERT E 2456 BAYWOOD DR., WEST DUNEDIN FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOSCANI, CAROL C. 2182 CHANTILLY LANE DUNEDIN FL 34698	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR, ASS'T TREASURER HARRY DYRKIN 1025 McLEAN STREET DUNEDIN, FL 34698	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FEEHERRY, THOMAS F 130 PATRICIA AVE., #54 DUNEDIN FL 34698	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR WARNEKA, JOHN 1531 SANTA CLARA DRIVE DUNEDIN, FL 34698	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROZOVICH, RAYMOND 1316 ALTERNATE 19 NORTH P.O. BOX 5 PALM HARBOR FL 34682	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Paul H. Nystrom PAUL H. NYSTROM, DIRECTOR 2/7/08 (727)784-4733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number