## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N15091

FILED Feb 25, 2009 Secretary of State

Entity Name: THE OPTIMIST CLUB OF DUNEDIN, FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 596 BAYWOOD DR. N DUNEDIN, FL 34698 US **Current Mailing Address: New Mailing Address:** PO BOX 1731 DUNEDIN, FL 346971731 FEI Number: 59-2573583 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FEEHERRY, THOMAS 130 PATRICIA AVE. #54. DUNEDIN, FL 34698 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete EDWARDS, MARK EDWARDS, MARK Name: Name: 1670 CINNAMON LANE Address: 1670 CINNAMON LANE Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: () Delete Title: () Change () Addition Name: NYSTROM, PAUL H Name: Address: 1665 CINNAMON LANE Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: () Change () Addition O'CONNELL, ROBERT E Name: Name: 2456 BAYWOOD DR., WEST Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: DAT () Delete Title: ATD (X) Change ( ) Addition Name: DYRKIN, HARRY Name: DURKIN, HARRY 1225 MCLEAN STREET 1225 MCLEAN STREET Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: () Delete Title: () Change () Addition WARNEKA, JOHN Name: Name: 1531 SANTA CLARA DRIVE Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BROZOVICH, RAYMOND O'CONNELL, BARBARA Name: Name: Address: 1316 ALTERNATE 19 NORTH P.O. BOX 5 Address: 2456 BAYWOOD DRIVE NORTH PALM HARBOR, FL 34682 City-St-Zip: DUNEDIN, FL 34698 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: PAUL NYSTROM TD 02/25/2009