## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N29801

FILED May 01, 2005 Secretary of State

Entity Name: CENTRAL PASCO OPTIMIST CLUB OF LAND O'LAKES, INC.

Current Principal Place of Business: New Principal Place of Business:

18541 HWY 52

LAND O"LAKES, FL 34639 US

Current Mailing Address: New Mailing Address:

 19107 DOVE CREEK DRIVE
 13909 CHANDRON DR.

 TAMPA, FL 33647 US
 ODESSA, FL 33556 US

FEI Number: 23-7383668 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

RUMRILL, FRANK JR

19107 DOVE CREEK DRIVE

TAMPA, FL 33647 US

BREWSTER, LISA C

13909 CHANDRON DR.

ODESSA, FL 33556 US

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: LISA C BREWSTER 05/01/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 LESTER, ROBERT
 Name:
 BREWSTER, JERRY

 Address:
 3240 BRONZE LEAF PL
 Address:
 13909 CHANDRON DR.

 City-St-Zip:
 LAND O LAKES, FL 34639
 City-St-Zip:
 ODESSA, FL 33556

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 EDGRIN, JOAN
 Name:

 Address:
 1411 WILDROSE DRIVE
 Address:

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 RUMRILL, FRANK
 Name:
 BREWSTER, LISA C

 Address:
 19107 DOVE CREEK DRIVE
 Address:
 13909 CHANDRON DR.

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:
 ODESSA, FL 33556

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BOULLY, LAURA
 Name:

 Address:
 11150 LAKE SHORE DRIVE
 Address:

 City-St-Zip:
 LAND O LAKES, FL 34639
 City-St-Zip:

Name: KIRKLAND, KAREN Name: KIRKLAND, ADRIAN Address: PO BOX 1036 Address: PO BOX 1036

City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LISA C BREWSTER S 05/01/2005