

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30451

FILED
Mar 27, 2009
Secretary of State

Entity Name: SUNCOAST OPTIMIST FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 50482
SARASOTA, FL 34232

New Principal Place of Business:

3116 53RD ST
SARASOTA, FL 34234

Current Mailing Address:

PO BOX 50482
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 65-0123355 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MILLER, ROBERT
1301 6TH AVE. W SUITE 600
BRADENTON, FL 34205 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: VP () Delete
Name: RAMON, JOSEPH
Address: 4400 GALLOP AVE
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: BOYTZY, HOWARD
Address: 1561 STURART DR.
City-St-Zip: SARASOTA, FL 34232

Title: STD () Delete
Name: JACKSON, JANET M
Address: 3060 DIVIDING CREEK DR.
City-St-Zip: SARASOTA, FL 34237

Title: PD () Delete
Name: HEARN, JESSE
Address: 2122 CHESTNUT FOREST DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: PROFFITT, GEOFFREY, H
Address: 2105 S BRINK AVENUE
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: HIGHTOWES, RUSS
Address: 3019 EL ST.
City-St-Zip: ELLENTON, FL 34222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOXLEY, HOWARD
Address: 1561 STEWART DR.
City-St-Zip: SARASOTA, FL 34232

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JANET JACKSON

STD

03/27/2009

Electronic Signature of Signing Officer or Director

Date