


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90008 018 ****61.25

DOCUMENT # N33251 1. Entity Name OPTIMIST CLUB OF JACKSON COUNTY, INC.					
Principal Place of Business 5154 MENAWA TRL MARIANNA, FL 32446			Mailing Address PO BOX 6294 MARIANNA, FL 32447		
2. Principal Place of Business <i>2941 Russ St</i>			3. Mailing Address <i>Same</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Marianna FL</i>			City & State		
Zip <i>32446</i>			Country <i>Jackson</i>		
4. FEI Number 59-2940133			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BAKER, FRANK A 202 EAST LAFAYETTE ST. MARIANNA, FL 32446			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P NAME NOE, RHONDA STREET ADDRESS 4972 REDWOOD DR CITY-ST-ZIP MARIANNA, FL 32446	<input checked="" type="checkbox"/> Delete		TITLE President NAME Owens, Malisa STREET ADDRESS 903 Ocheesee Landing Rd. CITY-ST-ZIP Grand Ridge, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME SCHURER, ROBIN STREET ADDRESS 5154 MENAWA TRAIL CITY-ST-ZIP MARIANNA, FL 32446	<input checked="" type="checkbox"/> Delete		TITLE President Elect NAME Horne, Bonnie STREET ADDRESS 4778 Meadowview Road CITY-ST-ZIP MARIANNA, FL 32446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME STEPHENS, SYLVIA STREET ADDRESS 1925 HOOT OWL BEND CITY-ST-ZIP MARIANNA, FL 32448	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S/T NAME VAN FLAKE, SANDRIA STREET ADDRESS 2532 EASTGATE DR CITY-ST-ZIP MARIANNA, FL 32446	<input checked="" type="checkbox"/> Delete		TITLE S/T NAME Miles, Julie H. STREET ADDRESS 2941 Russ Street CITY-ST-ZIP MARIANNA, FL 32446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME KEESE, KAREN STREET ADDRESS 4724 SHEFFIELD RD CITY-ST-ZIP MARIANNA, FL 32446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DEMMON, BETTY STREET ADDRESS 2275 FAIRVIEW RD CITY-ST-ZIP MARIANNA, FL 32448	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Julie H. Miles</i>			Date <i>4/29/04</i> Daytime Phone # <i>850 526 5058</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

54054465



03082004 Chg-NP CR2E037 (10/03)