

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90032 032 ****61.25

DOCUMENT # N33251

1. Entity Name

OPTIMIST CLUB OF JACKSON COUNTY, INC.



Principal Place of Business

2941 RUSS ST
MARIANNA FL 32446

Mailing Address

PO BOX 6294
MARIANNA FL 32447



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2940133

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

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

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, 2006**

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

TITLE P ☒ Delete
NAME OWENS, MALISA
STREET ADDRESS 903 OCHERSEE LANDING RD.
CITY-ST-ZIP GRAND RIDGE FL

TITLE PE ☐ Delete
NAME GLOVER, SHEILA
STREET ADDRESS 1658 GULF POWER RD
CITY-ST-ZIP SNEADS FL 32460

TITLE VP ☐ Delete
NAME STEPHENS, SYLVIA
STREET ADDRESS 1925 HOOT OWL BEND
CITY-ST-ZIP MARIANNA FL 32448

TITLE ST ☐ Delete
NAME MILES, JULIE H
STREET ADDRESS 2941 RUSS STREET
CITY-ST-ZIP MARIANNA FL 32446

TITLE D ☐ Delete
NAME KEESEE, KAREN
STREET ADDRESS 4724 SHEFFIELD RD
CITY-ST-ZIP MARIANNA FL 32446

TITLE D ☐ Delete
NAME DEMMON, BETTY
STREET ADDRESS 2275 FAIRVIEW RD
CITY-ST-ZIP MARIANNA FL 32448

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☒ Change ☐ Addition
NAME Porter Lisa M
STREET ADDRESS 3698 Carly Lane
CITY-ST-ZIP Marianna FL 32448

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Lisa M Porter*

2/26/06 526-4808