


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90052 005 \*\*\*\*61.25

|  |  |   |   |   |   |
|--|--|---|---|---|---|
| <b>DOCUMENT # N33251</b><br>1. Entity Name<br><b>OPTIMIST CLUB OF JACKSON COUNTY, INC.</b>   |  |   |   |  |   |
| Principal Place of Business<br><b>2941 RUSS ST<br/>MARIANNA, FL 32446</b>  |  |   | Mailing Address<br><b>PO BOX 6294<br/>MARIANNA, FL 32447</b>  |   |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |   |
| City & State   |  | City & State  |   |   |   |
| Zip  | Country  | Zip   | Country   |   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>BAKER, FRANK A<br/>202 EAST LAFAYETTE ST.<br/>MARIANNA, FL 32446</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |   |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>GLOVER, SHEILA<br/>1658 GULF POWER RD<br/>SNEADS, FL 32460</b>      | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>Steven Cullifer - President<br/>6488 Wold Pond Rd<br/>Bascom, FL 32423</b> |
| <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |   |   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP<br/>STEPHENS, SYLVIA<br/>1925 HOOT OWL BEND<br/>MARIANNA, FL 32448</b> | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>ST<br/>PORTER, LISA M<br/>3697 CARLY LN<br/>MARIANNA, FL 32448</b>        | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>VP<br/>Sheila Glover<br/>1658 Gulf Power Rd<br/>Sneads, FL 32460</b>       |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>KEESEEE, KAREN<br/>4724 SHEFFIELD RD<br/>MARIANNA, FL 32446</b>     | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>DEMMON, BETTY<br/>2275 FAIRVIEW RD<br/>MARIANNA, FL 32448</b>       | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   |   |   |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |  |   |   |   |   |
| <b>SIGNATURE:</b> <u>Sheila Glover</u> <u>Sheila Glover</u> <u>2/10/07 (850) 593-6503</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |   |   |   |   |