

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33251

FILED  
Jun 04, 2009  
Secretary of State

**Entity Name:** OPTIMIST CLUB OF JACKSON COUNTY, INC.

**Current Principal Place of Business:**

2941 RUSS ST  
MARIANNA, FL 32446

**New Principal Place of Business:**

2984 CALEDONIA ST.  
X  
MARIANNA, FL 32446

**Current Mailing Address:**

PO BOX 6294  
MARIANNA, FL 32447

**New Mailing Address:**

**FEI Number:** 59-2940133      **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:**

BAKER, FRANK A  
202 EAST LAFAYETTE ST.  
MARIANNA, FL 32446      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES      ( ) Delete  
Name: HENRY, SYLVIA  
Address: 4527 RED OAK TRACE  
City-St-Zip: MARIANNA, FL 32446

Title: VP      ( ) Delete  
Name: HOLLIS, SHELLIE  
Address: P.O. BOX 838  
City-St-Zip: MARIANNA, FL 32447

Title: PE      ( ) Delete  
Name: GOCHENAU, DEBRA  
Address: 3082 OLD US ROAD  
City-St-Zip: MARIANNA, FL 32446

Title: SEC      ( ) Delete  
Name: HOLLIS, RENE  
Address: 2984 CALEDONIA ST, APT X  
City-St-Zip: MARIANNA, FL 32446

Title: BD      ( ) Delete  
Name: DEMMON, BETTY  
Address: 2275 FAIRVIEW RD  
City-St-Zip: MARIANNA, FL 32448

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES      (X) Change ( ) Addition  
Name: GOCHENAU, DEBBIE  
Address: 3082 OLD US ROAD  
City-St-Zip: MARIANNA, FL 32446

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

Title: PE      (X) Change ( ) Addition  
Name: BRIGITTA, NUCCIO  
Address: 675 CHIPOLA DRIVE  
City-St-Zip: MARIANNA, FL 32448

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: RENE R. HOLLIS

SEC

06/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date