

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90440 010 ****70.00

DOCUMENT # N33251

1. Entity Name

OPTIMIST CLUB OF JACKSON COUNTY, INC.



Principal Place of Business

**3789 LARAMORE RD
MARIANNA FL 32448**

Mailing Address

**PO BOX 6294
MARIANNA FL 32447**

2. Principal Place of Business

5154 Menawa Trail

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Marianna, FL

City & State

Zip

Country

32446

Zip

Country

4. FEI Number **59-2940133**

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P STONEBREAKER, APRIL 3789 LARAMORE RD MARIANNA FL 32448	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE-President SCHURER, ROBIN 5154 MENANA TRAIL MARIANNA FL 32446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHENS, SYLVIA 1925 HOOT OWL BEND MARIANNA FL 32448	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T VAN VLAKE, SANDRIA 2532 EASTGATE DR MARIANNA FL 32446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, OUIDA 4630 HWY 90 MARIANNA FL 32446	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMMON, BETTY 2275 FAIRVIEW RD MARIANNA FL 32448	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres-Elect Rhonda Noe 4972 Redwood Dr Marianna, FL 32446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Karen Keese 4724 Sheffield Rd. Marianna, FL 32446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robin Schurer 5154 Menawa Trail Marianna, FL 32446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Sandra Van Vlake*
SANDRIA VAN VLAKE

1/9/03 */85D)482-9576*

CR2E037 (10/02)