

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90499 019 ****61.25

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|---|---|--|---|--|--|
| DOCUMENT # N34293 1. Entity Name OPTIMIST CLUB OF WEST PENSACOLA, INC. | | | | | |
| Principal Place of Business 8601 WESTVIEW LANE PENSACOLA, FL 32514 | | | Mailing Address 8601 WESTVIEW LANE PENSACOLA, FL 32514 | | |
| 2. Principal Place of Business 3730 Hidden Oak Drive Suite, Apt. #, etc. | | 3. Mailing Address 3730 Hidden Oak Drive Suite, Apt. #, etc. | | | |
| City & State Pensacola, FL Zip 32504 Country USA | | City & State Pensacola, FL Zip 32504 Country USA | | 4. FEI Number 59-2907214 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent GILLMAN, DENISE 8601 WESTVIEW LANE PENSACOLA, FL 32514 | | | 7. Name and Address of New Registered Agent Name Gillman, Denise Street Address (P.O. Box Number is Not Acceptable) 3730 Hidden Oak Drive City Pensacola FL Zip Code 32504 | | |
| 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 <u><i>Denise Gillman</i></u> DATE <u><i>4/27/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | STD GILLMAN, DENISE 8601 WESTVIEW LANE PENSACOLA, FL 32514 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BAJJALY, AMY 2771 COTTONWOOD LANE PENSACOLA, FL 32514 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KELLEY, ROBERT L 6018 SOMERSET DRIVE PENSACOLA, FL 32526 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WACKSWORTH, JIM 3850 SUMMER DRIVE PENSACOLA, FL 32504 | | 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"/> Delete | | 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"/> 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: <u><i>Denise Gillman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u><i>4/27/05</i></u> Daytime Phone # <u><i>850-520-6107</i></u> | | |