


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90017 018 ****61.25

DOCUMENT # N34293		
1. Entity Name OPTIMIST CLUB OF WEST PENSACOLA, INC.		

Principal Place of Business 3730 HIDDEN OAK DR PENSACOLA, FL 32504	Mailing Address 3730 HIDDEN OAK DR PENSACOLA, FL 32504
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2. Principal Place of Business 7390 Chimney Pines Dr.	3. Mailing Address 7390 Chimney Pines Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pensacola, FL	City & State Pensacola, FL
Zip 32506	Zip 32506
Country	Country

6. Name and Address of Current Registered Agent GILLMAN, DENISE 3730 HIDDEN OAK DR PENSACOLA, FL 32504	
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7. Name and Address of New Registered Agent Name Gillman, Denise Street Address (P.O. Box Number is Not Acceptable) 7390 Chimney Pines Drive City Pensacola FL Zip Code 32506	
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 Denise Gillman DATE 3/17/06 <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, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE STD	<input type="checkbox"/> Delete	TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GILLMAN, DENISE		NAME Gillman, Denise	
STREET ADDRESS 3730 HIDDEN OAK DR		STREET ADDRESS 7390 Chimney Pines Dr	
CITY-ST-ZIP PENSACOLA, FL 32504		CITY-ST-ZIP Pensacola, FL 32506	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BAJALY, AMY		NAME Robert Kelley	
STREET ADDRESS 2771 COTTONWOOD LANE		STREET ADDRESS 6018 Somerset Drive	
CITY-ST-ZIP PENSACOLA, FL 32514		CITY-ST-ZIP Pensacola, FL 32506	
TITLE VPD	<input checked="" type="checkbox"/> Delete	TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WACKSWORTH, JIM		NAME Pat Madison	
STREET ADDRESS 3850 SUMMER DRIVE		STREET ADDRESS 6941 Falcon Drive	
CITY-ST-ZIP PENSACOLA, FL 32504		CITY-ST-ZIP Pensacola, FL 32507	
TITLE Director	<input type="checkbox"/> Delete	TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Doug Waters		NAME Bulo Nellums	
STREET ADDRESS 4343 Perdido Street		STREET ADDRESS 28 Linda Street	
CITY-ST-ZIP Pensacola, FL 32506		CITY-ST-ZIP Pensacola, FL 32506	
TITLE Director	<input type="checkbox"/> Delete	TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Craig Miller		NAME Craig Miller	
STREET ADDRESS 3420 Molino Road		STREET ADDRESS 3420 Molino Road	
CITY-ST-ZIP Molino, FL 32577		CITY-ST-ZIP Molino, FL 32577	
TITLE Director	<input type="checkbox"/> Delete	TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Lori Anderson		NAME Lori Anderson	
STREET ADDRESS 5845 Sawflay Anas Road		STREET ADDRESS 5845 Sawflay Anas Road	
CITY-ST-ZIP Pensacola, FL 32506		CITY-ST-ZIP Pensacola, FL 32506	

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.	
SIGNATURE: Denise Gillman	DATE: 3/17/06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>

