

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34293

FILED
Feb 10, 2009
Secretary of State

Entity Name: OPTIMIST CLUB OF WEST PENSACOLA, INC.

Current Principal Place of Business:

6941 FALCON DRIVE
PENSACOLA, FL 32507

New Principal Place of Business:

5895 SAUFLEY PINES ROAD
PENSACOLA, FL 32526

Current Mailing Address:

6941 FALCON DRIVE
PENSACOLA, FL 32507

New Mailing Address:

5895 SAUFLEY PINES ROAD
PENSACOLA, FL 32526

FEI Number: 59-2907214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLMAN, DENISE
7390 CHIMNEY PINES DR
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

KELLEY, ROBERT
2355 W. MICHIGAN AVE APT D-16
PENSACOLA, FL 32526 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: ROBERT KELLEY

02/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KELLEY, ROBERT
Address: 2355 W. MICHIGAN AVE D-16
City-St-Zip: PENSACOLA, FL 32526

Title: S () Delete
Name: MADISON, PAT
Address: 6941 FALCON DR
City-St-Zip: PENSACOLA, FL 32507

Title: VP () Delete
Name: NELLOMS, PAULA
Address: 28 LINDA ST
City-St-Zip: PENSACOLA, FL 32506

Title: T () Delete
Name: ANDERSON, LORI
Address: 5895 SAUFLEY PINES RD
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: GILLMAN, DENISE
Address: 7390 CHIMNEY PINE
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: LYONS, COLLIN
Address: 1015 SIMPSON ST
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: GILLMAN, DENISE
Address: 2932 HARRISON AVE APT B
City-St-Zip: PANAMA CITY, FL 32405

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: ROBERT KELLEY

PRES

02/10/2009

Electronic Signature of Signing Officer or Director

Date