


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N36275	
1. Entity Name BEACH BAY OPTIMIST CLUB, INC.	

Principal Place of Business 16804 CASTILE AVENUE PANAMA CITY BEACH, FL 32413	Mailing Address 16804 CASTILE AVENUE PANAMA CITY BEACH, FL 32413
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 *11/05)

4. FEI Number 59-2979130	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOSTER, JOHN W 16804 CASTILE AVENUE PANAMA CITY BEACH, FL 32413	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	NOTE: Registered Agent signature required when renewing.	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, JOHN 211 W. WELLS STREET PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FOSTER, BARBARA 16804 CASTILE AVENUE PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HART, JULIE 16404 E LULLWATER DR. PANAMA CITY, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LONG, LISA 1331 MOON COURT SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUITER, PATRICIA 5409 SUNSET AVENUE PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, GAYLE 211 S. WELLS STREET PANAMA CITY BEACH, FL 32413

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01/17/06-80001-014 70.00

**DO NOT WRITE
IN THIS SPACE**

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: <i>Barbara Foster</i>	<i>Sec/Treas.</i>	<i>1-10-06</i>	<i>857-2339232</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			