

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36275

FILED
Feb 16, 2009
Secretary of State

Entity Name: BEACH BAY OPTIMIST CLUB, INC.

Current Principal Place of Business:

16804 CASTILE AVENUE
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

16804 CASTILE AVENUE
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 59-2979130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOSTER, JOHN W
16804 CASTILE AVENUE
PANAMA CITY BEACH, FL 32413 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DYE, KATHERINE
Address: 113 S. SOACI BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: ST () Delete
Name: FOSTER, BARBARA
Address: 16804 CASTILE AVENUE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D () Delete
Name: AHLGREN, REBA
Address: 17842 LUNA STREET
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VP () Delete
Name: SASSER, DEBBIE
Address: 132 COLINA CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D () Delete
Name: FOSTER, JOHN
Address: 16804 CASTILE AVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D () Delete
Name: NEWMAN, GAYLE
Address: 211 S. WELLS STREET
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NELSON, PATTI
Address: 16804 CASTILE AVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

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: () 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: JOHN W FOSTER

D

02/16/2009

Electronic Signature of Signing Officer or Director

Date