

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N38074**

1. Entity Name  
MARIANNA OPTIMIST YOUTH FOUNDATION OF  
MARIANNA, FLORIDA, INC.



Principal Place of Business  
4334 6TH AVENUE  
MARIANNA, FL 32446

Mailing Address  
P.O. BOX 387  
MARIANNA, FL 32447-0387 US

**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3008922

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WILLIAMS, HUBERT W.  
4334 6TH AVE  
MARIANNA, FL 32446

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000126310  
04/23/04-80028-023 61.25

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME PFORTE, BOB  
STREET ADDRESS 4214 W. LAFAYETTE ST.  
CITY-ST-ZIP MARIANNA, FL 32446

TITLE D  
NAME HUANG, PAUL  
STREET ADDRESS 4642 RIVER DR.  
CITY-ST-ZIP MARIANNA, FL 32446

TITLE DP  
NAME HILL, EDWIN G SR  
STREET ADDRESS 7336 HWY 90  
CITY-ST-ZIP GRAND RIDGE, FL 32442

TITLE DST  
NAME WILLIAMS, HUBERT W  
STREET ADDRESS 4334 6TH AVE  
CITY-ST-ZIP MARIANNA, FL

TITLE DV  
NAME GRINDLE, ROBERT S JR  
STREET ADDRESS 4553 RED OAK TRACE  
CITY-ST-ZIP MARIANNA, FL 32446

TITLE D  
NAME ROOKS, CLAYTON O  
STREET ADDRESS 2438 FILLMORE DR.  
CITY-ST-ZIP MARIANNA, FL 32448

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04  
DATE

850 526-3910  
Daytime Phone #