

**2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 01, 2005  
Secretary of State**

DOCUMENT# N38074

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

**Current Principal Place of Business:**

4334 6TH AVENUE  
MARIANNA, FL 32446

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 387  
MARIANNA, FL 324470387 US

**New Mailing Address:**

FEI Number: 59-3008922      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ROOKS, CLAYTON O TREASUR  
2438 FILLMORE DRIVE  
MARIANNA, FL 32448 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: CLAYTON O. ROOKS, III

10/01/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PFORTE, BOB  
Address: 4214 W. LAFAYETTE ST.  
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete  
Name: HUANG, PAUL  
Address: 4642 RIVER DR.  
City-St-Zip: MARIANNA, FL 32446

Title: DP ( ) Delete  
Name: HILL, EDWIN G SR  
Address: 7336 HWY 90  
City-St-Zip: GRAND RIDGE, FL 32442

Title: DST ( ) Delete  
Name: WILLIAMS, HUBERT W  
Address: 4334 6TH AVE  
City-St-Zip: MARIANNA, FL

Title: DV ( ) Delete  
Name: GRINDLE, ROBERT S JR  
Address: 4553 RED OAK TRACE  
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete  
Name: ROOKS, CLAYTON O  
Address: 2438 FILLMORE DR.  
City-St-Zip: MARIANNA, FL 32448

**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: ( ) 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 for the exemption stated in Section 119.07(3)(i), 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: CLAYTON O. ROOKS

D

10/01/2005

Electronic Signature of Signing Officer or Director

Date