


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N38074 1. Entity Name MARIANNA OPTIMIST YOUTH FOUNDATION OF MARIANNA, FLORIDA, INC. |  |
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| Principal Place of Business 4334 6TH AVENUE MARIANNA, FL 32446 | Mailing Address P.O. BOX 387 MARIANNA, FL 32447-0387 US |
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04272006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number 59-3008922 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent ROOKS, CLAYTON O TREASUR 2438 FILLMORE DRIVE MARIANNA, FL 32448 |
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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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1100000553956
05/15/06-80071-024 61.25

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PFORTE, BOB 4214 W. LAFAYETTE ST. MARIANNA, FL 32446 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUANG, PAUL 4642 RIVER DR. MARIANNA, FL 32446 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP HILL, EDWIN G SR 7336 HWY 90 GRAND RIDGE, FL 32442 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST WILLIAMS, HUBERT W 4334 6TH AVE MARIANNA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV GRINDLE, ROBERT S JR 4553 RED OAK TRACE MARIANNA, FL 32446 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROOKS, CLAYTON O 2438 FILLMORE DR. MARIANNA, FL 32448 |

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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: Clayton O. Rooks, Jr. CPA Director 4/27/06 (850) 718-8236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #