

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46932

FILED
Apr 30, 2004
Secretary of State

Entity Name: OPTIMIST CLUB OF WEST PALM BEACH, INC.

Current Principal Place of Business:

POB 2243
W PALM BEACH, FL 334022243

New Principal Place of Business:

Current Mailing Address:

POB 2243
W PALM BEACH, FL 334022243

New Mailing Address:

FEI Number: 59-6139128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMLINSON, ALLEN R.
505 S FLAGLER DR
STE 1100
W PALM BEACH, FL 33402 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: D () Delete
Name: THOMAS, DAVID J
Address: 222 RIDGEVIEW DR
City-St-Zip: PALM BEACH, FL

Title: STD () Delete
Name: TUNIS, T B
Address: 8520 DOVERBROOK DR
City-St-Zip: PALM BCH GDNS, FL

Title: PD () Delete
Name: TICKNER, RICHARD
Address: 2408 AVENIDA MADRID OSTE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: HOWARD-SMITH, JOHN G
Address: 350 VALLEY FORGE RD
City-St-Zip: WEST PALM BEACH, FL

Title: D () Delete
Name: TOMLINSON, ALLEN R
Address: 505 S FLAGLER DR, #1100
City-St-Zip: W PALM BCH, FL

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:

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: T. B. TUNIS

ST

04/30/2004

Electronic Signature of Signing Officer or Director

Date