

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90041 026 \*\*\*\*61.25

**DOCUMENT # N95000000571**

1. Entity Name

THE OPTIMIST CLUB FOUNDATION OF DUNEDIN, FL, INC.



Principal Place of Business

Mailing Address

596 BAYWOOD DRIVE NORTH  
DUNEDIN FL 34698

P.O. BOX 1731  
DUNEDIN FL 34697-1731  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3283978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEEHERRY, THOMAS  
130 PATRICIA AVE #54  
DUNEDIN FL 34698

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 transferring)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME  
O'CONNELL, ROBERT  
STREET ADDRESS  
2456 BAYWOOD DR NORTH  
CITY- ST- ZIP  
DUNEDIN FL 34698

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
NYSTROM, PAUL H  
STREET ADDRESS  
1665 CINNAMON LANE  
CITY- ST- ZIP  
DUNEDIN FL 34698

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
BROZOVICH, RAYMOND  
STREET ADDRESS  
~~212 BUNKER HILL LANE~~  
CITY- ST- ZIP  
~~DUNEDIN FL 34698~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**1316 ALTERNATE 19 NORTH**  
**P.O. BOX 5**  
**PALM HARBOR, FL 34682**

TITLE ☐ Delete  
NAME  
TOSCANI, CAROL C.  
STREET ADDRESS  
2182 CHANTILLY LANE  
CITY- ST- ZIP  
DUNEDIN FL 34698

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
D/S  
FEEHERRY, THOMAS F  
STREET ADDRESS  
130 PATRICIA AVE., #54  
CITY- ST- ZIP  
DUNEDIN FL 34698

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
EMERICK, RONALD  
STREET ADDRESS  
1708 PATRICIA AVENUE  
CITY- ST- ZIP  
DUNEDIN FL 34698

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Paul H. Nystrom*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/07 (727) 784-4733