

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000571

FILED
Feb 25, 2009
Secretary of State

Entity Name: THE OPTIMIST CLUB FOUNDATION OF DUNEDIN, FL, INC.

Current Principal Place of Business:

596 BAYWOOD DRIVE NORTH
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1731
DUNEDIN, FL 346971731 US

New Mailing Address:

FEI Number: 59-3283978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEEHERRY, THOMAS
130 PATRICIA AVE #54
DUNEDIN, FL 34698 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: O'CONNELL, ROBERT
Address: 2456 BAYWOOD DR NORTH
City-St-Zip: DUNEDIN, FL 34698

Title: TD () Delete
Name: NYSTROM, PAUL H
Address: 1665 CINNAMON LANE
City-St-Zip: DUNEDIN, FL 34698

Title: PD () Delete
Name: BROZOVICH, RAYMOND
Address: 1316 ALTERNATE 19 NORTH, P.O. BOX 5
City-St-Zip: PALM HARBOR, FL 34682

Title: D () Delete
Name: TOSCANI, CAROL C.
Address: 2182 CHANTILLY LANE
City-St-Zip: DUNEDIN, FL 34698

Title: D/S () Delete
Name: WARNEKA, JOHN
Address: 1531 SANTA CLARA DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: EMERICK, RONALD
Address: 1708 PATRICIA AVENUE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: EDWARDS, MARK
Address: 1670 CINNAMON LANE
City-St-Zip: DUNEDIN, FL 34698

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WARNEKA, JOHN
Address: 1531 SANTA CLARA DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAUL NYSTROM

TD

02/25/2009

Electronic Signature of Signing Officer or Director

Date