

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000004393

1. Entity Name
THE OPTIMIST CLUB OF YULEE, INC.



Principal Place of Business
**GOLF CLUB AT NORTH HAMPTON
22680 N. HAMPTON CLUB WAY
FERNANDINA BEACH, FL 32034**

Mailing Address
**PO BOX 15664
FERNANDINA BEACH, FL 32035**



04192006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
36-4035975

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSLIE, MAHALAH G
23880 FLORA PARKE BLVD
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE
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 Mahalah Roslie 4-19-06 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | STD |
| NAME | ROSLIE, MAHALAH |
| STREET ADDRESS | 23880 FLORA PARKE |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 |
| TITLE | D |
| NAME | NOBLE, EMMIE |
| STREET ADDRESS | 86224 FIELDSTONE DR. |
| CITY-ST-ZIP | YULEE, FL 32097 |
| TITLE | D |
| NAME | PIPER, LAWRENCE |
| STREET ADDRESS | 570 PEEPLES RD |
| CITY-ST-ZIP | YULEE, FL 32097 |
| TITLE | PD |
| NAME | NOBLE, RON |
| STREET ADDRESS | 1305 ATLANTIC AVENUE |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 |
| TITLE | D |
| NAME | CLARK, BETH |
| STREET ADDRESS | 85746 BOSTICK WOOD DR. |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 |
| TITLE | VP |
| NAME | DUNCAN, TODD |
| STREET ADDRESS | 86153 FIELDSTONE DR. |
| CITY-ST-ZIP | YULEE, FL 32097 |

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05/06/06-80136-024 70.00

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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: Mahalah Roslie Mahalah Roslie 4-19-06 904 491-0681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #