


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90080 035 ****61.25

DOCUMENT # N96000001192 1. Entity Name OPTIMIST FOUNDATION OF THE BEACHES, INC.					
Principal Place of Business 203 CAROLYN AVE PANAMA CITY BEACH, FL 32407 US			Mailing Address P O BOX 9259 PANAMA CITY BEACH, FL 32407		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3452094	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PHILLIPS, RANDOLPH 203 CAROLYN AVE PANAMA CITY BEACH, FL 32407				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, RANDOLPH 203 CAROLYN AVE PANAMA CITY BEACH, FL 32407	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD KABACI, MIKE 128 SERENADE LANE PANAMA CITY BEACH FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD GIBBONS, FARRELL 314 GREENWOOD CIRCLE PANAMA CITY BEACH, FL 32407	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD DRAPER, BOB 127 SERENADE LANE PANAMA CITY BEACH FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDSD GOULD, FRITZ 411 BAYSHORE DR PANAMA CITY BEACH, FL 32407	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDSD RICH, DENNIS 202 WOODLAWN DRIVE PANAMA CITY BEACH FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD HART, RONALD 16404 E LULLWATER DR PANAMA CITY, FL 32413	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDSD RICH, DENNIS 202 WOODLAWN DRIVE PANAMA CITY BEACH FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD JOHNSON, HOMER 232 BOCA SHORES DR PANAMA CITY, FL 32408	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDSD RICH, DENNIS 202 WOODLAWN DRIVE PANAMA CITY BEACH FL 32407
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: RANDOLPH PHILLIPS, PRES <i>(Signature)</i> 17 Jan 07 250)234-8833					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					