

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001192

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** OPTIMIST FOUNDATION OF THE BEACHES, INC.

**Current Principal Place of Business:**

203 CAROLYN AVE  
PANAMA CITY BEACH, FL 32407 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 9259  
PANAMA CITY BEACH, FL 32407

**New Mailing Address:**

**FEI Number:** 59-3452094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PHILLIPS, RANDOLPH  
203 CAROLYN AVE  
PANAMA CITY BEACH, FL 32407 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: PD ( ) Delete  
Name: PHILLIPS, RANDOLPH  
Address: 203 CAROLYN AVE  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: BMD ( ) Delete  
Name: GIBBONS, FARRELL  
Address: 314 GREENWOOD CIRCLE  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: BMD ( ) Delete  
Name: KABACI, MIKE  
Address: 128 SERENADE LANE  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: TDS ( ) Delete  
Name: RICH, DENNIS  
Address: 202 WOODLAWN DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: BMD ( ) Delete  
Name: HART, RONALD  
Address: 16404 E LULLWATER DR  
City-St-Zip: PANAMA CITY, FL 32413

Title: BMD ( ) Delete  
Name: JOHNSON, HOMER  
Address: 232 BOCA SHORES DR  
City-St-Zip: PANAMA CITY, FL 32408

**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:

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 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: RANDOLPH PHILLIPS

PD

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date