2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002179

Entity Name: THE DESTIN OPTIMIST CLUB, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	ICE BOX 876				
Current Mailing Address:			New Maili	New Mailing Address:	
POST OFF DESTIN, FI	ICE BOX 876 L 32741				
FEI Number:	36-3989575	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name				Address of New Registered Agent:	
FELL, CAT 315 SAILFI DESTIN, FI	SH CIR L 32541 U		pose of changing i	ts registered office or registered agent, or both,	
in the State		•			
SIGNATUR	RE:				
	Electror	ic Signature of Registered Agent	t	Date	
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title: Name: Address:	FELL, CATHY 315 SAILFISH (DESTIN, FL 32	541 Delete N	Title: Name: Address: City-St-Zip: Title: Name: Address:	P (X) Change () Addition FELL, WESLEY 315 SAILFISH CIR DESTIN, FL 32541 VP (X) Change () Addition SCOTT, JENSEN 3871 INDIAN TRAIL #1F	
City-St-Zip: Title: Name: Address: City-St-Zip:	ST () MICHAUD, GRE 360 SAILFISH I DESTIN, FL 32	Delete EG DR	City-St-Zip: Title: Name: Address: City-St-Zip:	DESTIN, FL 32541 ST (X) Change () Addition WELSCH, LESLEY PO BOX 876 DESTIN, FL 32540	
Title: Name: Address: City-St-Zip:		Delete BEE COVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition FELL, CATHY 315 SAILFISH CIR DESTIN, FL 32541	
Title: Name: Address: City-St-Zip:	HOPKINS, BILL	D COAST PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () NIEMIEC, GRE 609 CALHOUN DESTIN, FL 32	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CATHY FELL D 04/29/2005