


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000002179 1. Entity Name THE DESTIN OPTIMIST CLUB, INC.	
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Principal Place of Business POST OFFICE BOX 876 DESTIN, FL 32741	Mailing Address POST OFFICE BOX 876 DESTIN, FL 32741
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02162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3989575	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOPKINS, WILLIAM 10859 EMERALD COAST PKWY 4310 MIRAMAR BEACH, FL 32550

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELL, CATHY 315 SAILFISH CIR DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOPKINS, BILL 19859 EMERALD COAST PKWY MIRAMAR, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NIEMIEC, GREG 609 CALHOUN AVE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOPKINS, PEGGY 10807 EMERALD COAST PKWY 4-310 MIRAMAR BEACH, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/11/08-80003-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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: William A Hopkins 2/24/08 850 650-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #