2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 09, 2007 8:00 am Secretary of State DOCUMENT # N9700003282 1. Entity Name 03-09-2007 90006 007 ****61.25 TOWN 'N COUNTRY OPTIMIST CLUB, INC. Principal Place of Business Mailing Address 8025 JACKSON SPRINGS ROAD P.O. BOX 261685 **TAMPA FL 33615 TAMPA FL 33685** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 03-0405943 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VENNETT, GERALDINA G 8025 JACKSON SPRINGS ROAD Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33615** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change ★ Addition Deanna Katz NAME KATZ, NAON NAME 7113 Carimer Ct STREET ADDRESS 8403 BOXWOOD CT STREET ADDRESS CITY-S1-7IP TAMPA FL 33615 CITY-ST-7JP Tamna TITLE ☐ Delete HILE NAME VENNETT, GERALDINA G NAME STREET ADDRESS 8025 JACKSON SPRINGS ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33615** TITLE ☐ Delele TITLE Addition NAME NAME JACOBS, GERALD STREET ADDRESS STREET ADDRESS 7716 BRETTONWOOD DR CITY - ST - ZIP CITY-ST-7IP **TAMPA FL 33615** ☐ Delete IIILE ☐ Addition NAME NAME KATZ, JAIME STREET ADDRESS STREET ADDRESS 7113 LARIMER CT CITY - ST- 7IP CHY-SI-7P **TAMPA FL 33615** TITLE ☐ Defete TITLE Addition NAME VAZQUEZ, EVELYN NAME STREET ADDRESS 7017 WESTMINSTER STREET STREE! ADDRESS CITY-ST-7IP **TAMPA FL 33635** CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME MONTELEONE, CARMELO NAME STREET ADDRESS STREET ADDRESS 12808 HOLLOWAY ROAD CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33625** 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 receiper 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.

FILED

Daytime Phone #