2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2009
Secretary of State

DOCUMENT# N97000003282

Entity Name: TOWN 'N COUNTRY OPTIMIST CLUB, INC.

Current Principal Place of Business:

8025 JACKSON SPRINGS ROAD
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 261685
TAMPA, FL 33685

New Mailing Address:

FEI Number: 03-0405943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VENNETT, GERALDINA G
8025 JACKSON SPRINGS ROAD
TAMPA, FL 33615 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:	S	( ) Delete
Name:	KATZ, DEANNA	
Address:	7113 LARIMER CT	
City-St-Zip:	TAMPA, FL 33615	
Title:	T	( ) Delete
Name:	VENNETT, GERALDINA G	
Address:	8025 JACKSON SPRINGS ROAD	
City-St-Zip:	TAMPA, FL 33615	
Title:	P	( ) Delete
Name:	MONTELEONE, CARMELO	
Address:	12808 HOLLOWAY ROAD	
City-St-Zip:	TAMPA, FL 33625	
Title:	D	( ) Delete
Name:	KATZ, JAIME	
Address:	7113 LARIMER CT	
City-St-Zip:	TAMPA, FL 33615	
Title:	V	( ) Delete
Name:	VAZQUEZ, EVELYN	
Address:	7017 WESTMINSTER STREET	
City-St-Zip:	TAMPA, FL 33635	
Title:	D	( ) Delete
Name:	JACOBS, GERALD	
Address:	7716 BRETTONWOOD DR	
City-St-Zip:	TAMPA, FL 33615	

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: GERALDINA G VENNETT T 02/07/2009

Electronic Signature of Signing Officer or Director — Date