2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

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Entity Name: THE OPTIMISTS FOUNDATION OF BOCA RATON, FLORIDA, INC.

Current Principal Place of Business:

1073 W ROYAL PALM RD
BOCA RATON, FL 33486

New Principal Place of Business:

1900 ISABEL ROAD ESTE
BOCA RATON, FL 33486

Current Mailing Address:

P.O. BOX 1251
BOCA RATON, FL 33432

New Mailing Address:

P.O. BOX 1251
BOCA RATON, FL 33429

FEI Number: 65-0795497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANLEY, LISA
5414 214TH COURT SOUTH
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

DIZENZO, UTA M
1900 ISABEL ROAD ESTE
BOCA RATON, FL 33486 US

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: UTA M. DIZENZO 04/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MILLER, TOLLIVER
Address: 3651 NW 2ND CT
City-St-Zip: BOCA RATON, FL 33431

Title: DV ( ) Delete
Name: HANLEY, LISA
Address: 5414 214TH COURT COUTH
City-St-Zip: BOCA RATON, FL 33486

Title: DT ( ) Delete
Name: HALLEY, DIANA
Address: 1073 W. ROYAL PALM RD.
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete
Name: SCURRAH, MONICA
Address: 9922 ROBBINS NEST ROAD
City-St-Zip: BOCA RATON, FL 33496

Title: D (X) Delete
Name: ARNOLD, LINDA
Address: 1543 SW 1ST AVE
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: DIZENZO, UTA M
Address: 1900 ISABEL ROAD ESTE
City-St-Zip: BOCA RATON, FL 33486

Title: D (X) Change ( ) Addition
Name: ARNOLD, LINDA
Address: 1543 SW 1ST AVE
City-St-Zip: BOCA RATON, FL 33432

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: UTA M. DIZENZO DT 04/27/2009
Electronic Signature of Signing Officer or Director Date