


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90015 010 \*\*\*\*61.25


**DOCUMENT # N98000001051**  
 1. Entity Name  
**OPTIMIST CLUB OF PENSACOLA BEACH, INC.**



Principal Place of Business      Mailing Address  
**114 FAIRPOINT DR GULF**      **PO BOX 1014**  
**GULF BREEZE FL 32561**      **GULF BREEZE FL 32562-1014**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For  
**36-4088818**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ZAHM, RONALD J**  
**114 FAIRPOINT DR.**  
**GULF BREEZE FL 32561**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYNOLDS, STUART 362 GULFBREEZE PKWY GULF BREEZE FL 32561 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TURK, CAROLYN 1600 VIA DE LUNA PENSACOLA BEACH FL 32561 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANZA, LORENE 10 SABINE DR PENSACOLA BCH FL 32561 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURK, KENNETH 1600 VIA DE LUNA GULF BREEZE FL 32561 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BETTY, NEALE V 2288 BALBOA CT. NAVARRE FL 32566 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANNON, THERESE 1625 BULEVAR MAYOR F2 PENSACOLA BEACH FL 32561 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DELETED</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DIRECTOR ONLY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PRESIDENT &amp; BOARD</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 or other like empowered.

SIGNATURE: *David Sundstrom* **DAVID SUNDSTROM** 7/2/05      850-384-7436  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #

**ATTACHMENT # N98000001051**

OPTIMIST INTERNATIONAL  
PENSACOLA BEACH CHAPTER

50011991

OFFICERS AND BOARD - 2004 (THOSE IN ADDITION TO THE ONES  
LISTED IN SECTION 10 OF THE #N98000001051)

NAME	POSITION	ADDRESS
MARY CLAUS	SECRETARY	800 FORT PICKENS RD PENSACOLA BEACH, FL 32561
DAVE SUNDSTROM	TREASURER	1100 FORT PICKENS RD PENSACOLA BEACH, FL 32561
RICK SUNDSTROM	BOARD	900 FORT PICKENS RD PENSACOLA BEACH, FL 32561
BOB ROBINSON	BOARD	6041 CHAPMAN CIRCLE PENSACOLA, FL 32504
KATIE FORRER	BOARD	32 HIGHPOINT DR GULF BREEZE, FL 32561