


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

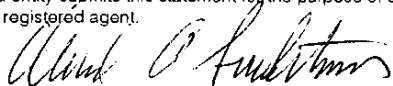
FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90008 003 ****61.25

DOCUMENT # N98000001051			
1. Entity Name OPTIMIST CLUB OF PENSACOLA BEACH, INC.			
Principal Place of Business 1100 FORT PICKENS RD F-4 GULF BREEZE FL 32561		Mailing Address PO BOX 1014 GULF BREEZE FL 32562-1014	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 36-4088818		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ZAHM, RONALD J 1100 FORT PICKENS RD F-4 GULF BREEZE FL 32561		Name SUNDSTROM, DAVID A. Street Address (P.O. Box Number is Not Acceptable) 1100 FORT PICKENS RD F-4 City PENSACOLA BEACH FL 32561	
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 1/28/07	

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURK, CAROLYN 1600 VIA DE LUNA PENSACOLA BEACH FL 32561	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLAUS, MARY ANN 800 FT PICKENS RD 904 PENSACOLA BCH FL 32561	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURK, KENNETH 1600 VIA DE LUNA GULF BREEZE FL 32561	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUNDSTROM, DAVID A 1100 FT PICKENS RD F-4 GULF BREEZE FL 32561	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, ALLEN 1002 PANFERIO DR PENSACOLA BEACH FL 32561	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUNDSTROM, RICK 900 FT PICKENS RD 515 PENSACOLA BEACH FL 32561	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOE WOODBALL 9810 HOLLOWBROOK DR PENSACOLA, FL 32514	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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:  **DAVID A. SUNDSTROM** DATE: **1/28/07** DAYTIME PHONE #: **850-932-0684**