

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005796

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: NORTH WEST OPTIMIST CLUB OF TAMPA, INC.

**Current Principal Place of Business:**

4306 CARMEN ST  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

4306 CARMEN ST  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 59-3608465      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MARTINEZ, BENNY  
4306 CARMEN ST  
TAMPA, FL 33609      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: P ( ) Delete  
Name: ORTELLI, PAUL  
Address: 1717 W HUMPHREY  
City-St-Zip: TAMPA, FL 33604

Title: S ( ) Delete  
Name: MARTINEZ, NORMA  
Address: 4306 W CARMEN ST  
City-St-Zip: TAMPA, FL 33609

Title: V ( ) Delete  
Name: ORTELLI, BRENDA  
Address: 1717 W HUMPHREY  
City-St-Zip: TAMPA, FL 33604

Title: T ( ) Delete  
Name: MARTINEZ, BENNY  
Address: 4306 W CARMEN ST  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: WASSERMAN, LARRY  
Address: 10712 N SEMINOLE  
City-St-Zip: TAMPA, FL 33612

**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:

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: BENNY MARTINEZ

Electronic Signature of Signing Officer or Director

DIR

01/07/2009

\_\_\_\_\_ Date