

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38074

**Entity Name:** MARIANNA OPTIMIST YOUTH FOUNDATION OF MARIANNA,  
FLORIDA, INC.**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC4029110682****Current Principal Place of Business:**4334 6TH AVENUE  
MARIANNA, FL 32446**Current Mailing Address:**2438 FILLMORE DR  
MARIANNA, FL 32448 US**FEI Number: 59-3008922****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROOKS, CLAYTON OTREASUR  
2438 FILLMORE DRIVE  
MARIANNA, FL 32448 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D
Name	PFORTE, BOB
Address	4214 W. LAFAYETTE ST.
City-State-Zip:	MARIANNA FL 32446

Title	D
Name	HUANG, PAUL
Address	4642 RIVER DR.
City-State-Zip:	MARIANNA FL 32446

Title	DP
Name	HILL, EDWIN GSR
Address	7336 HWY 90
City-State-Zip:	GRAND RIDGE FL 32442

Title	DST
Name	WILLIAMS, HUBERT W
Address	4334 6TH AVE
City-State-Zip:	MARIANNA FL

Title	DV
Name	GRINDLE, ROBERT SJR
Address	4553 RED OAK TRACE
City-State-Zip:	MARIANNA FL 32446

Title	D
Name	ROOKS, CLAYTON O
Address	2438 FILLMORE DR.
City-State-Zip:	MARIANNNA FL 32448

*I hereby 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 all other like empowered.*

**SIGNATURE: CLAYTON O. ROOKS III****DIRECTOR****04/23/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date