

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005677

FILED
Apr 27, 2007
Secretary of State

Entity Name: OPTIMIST INTERNATIONAL YOUTH PROGRAMS FOUNDATION, INC.

Current Principal Place of Business:

4494 LINDELL BLVD.
ST. LOUIS, MO 63108

New Principal Place of Business:

Current Mailing Address:

4494 LINDELL BLVD.
ST. LOUIS, MO 63108

New Mailing Address:

FEI Number: 43-1733736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: DP () Delete
Name: LISTENBERGER, MICHEL
Address: 3540 NORTH 5TH STREET
City-St-Zip: NILES, MI 49120 US

Title: DV () Delete
Name: BERTHIAUME, YVES
Address: 416 MCGILL
City-St-Zip: HAWKESBURY, ON K6A 1R2 CN

Title: DV () Delete
Name: SHRIVER, MARK O
Address: 301 CREEKSTONE
City-St-Zip: WOODSTOCK, GA 30188

Title: DV () Delete
Name: ALLEN, J. MICHAEL
Address: 1414 20TH STREET
City-St-Zip: AURORA, NE 68818

Title: DV () Delete
Name: CHAVEZ, DAVID X
Address: 6903 HILL MEADOW DRIVE
City-St-Zip: AUSTIN, TX 78736

Title: DST () Delete
Name: ELLERBE, BENNY
Address: 4494 LINDELL BLVD
City-St-Zip: ST. LOUIS, MO 63108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: DUNN, RONNIE
Address: 101 BRADBURN CT.
City-St-Zip: FRANKFORT, KY 40601 US

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 ELLERBE

DST

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date