

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005677

FILED
Mar 30, 2010
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: DV
Name: GARNER, KEN
Address: 1950 ROCKBROOK CT.
City-St-Zip: FT. WORTH, TX 76112 US

Title: DV
Name: SIEVERS, DONALD
Address: 215 SUNSET LANE
City-St-Zip: JACKSON, MO 63755 US

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

Title: DV
Name: RODGERS, DANNY
Address: 3521 MINOT AVE.
City-St-Zip: FORT WORTH, TX 76133

Title: DV
Name: KONDRASUK, JAMES
Address: 4930 ARROWHEAD DR
City-St-Zip: MONONA, WI 53716

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

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: THOMAS E. OWEN

CFO

03/30/2010

Electronic Signature of Signing Officer or Director

_____ Date