

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005677

**FILED**  
**Mar 18, 2017**  
**Secretary of State**  
**CC9559976298**

**Entity Name:** OPTIMIST INTERNATIONAL YOUTH PROGRAMS FOUNDATION, INC.

**Current Principal Place of Business:**

4494 LINDELL BLVD.  
ST. LOUIS, MO 63108

**Current Mailing Address:**

4494 LINDELL BLVD.  
ST. LOUIS, MO 63108

**FEI Number: 43-1733736**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CHAIRMAN  
Name WEINSOFF, MARK E  
Address 4494 LINDELL BLVD.  
City-State-Zip: ST. LOUIS MO 63108

Title AUDIT & FINANCE CHAIR  
Name TEMPLIN, GUY  
Address 4494 LINDELL BLVD.  
City-State-Zip: ST. LOUIS MO 63108

Title JUNIOR GOLF CHAIR  
Name MARGO, HARRY  
Address 4494 LINDELL BLVD.  
City-State-Zip: ST. LOUIS MO 63108

Title EXECUTIVE DIRECTOR, SECRETARY  
Name PELLOCK, CONSTANCE  
Address 4494 LINDELL BLVD.  
City-State-Zip: ST. LOUIS MO 63108

Title DIRECTOR  
Name KONDRASUK, JAMES  
Address 4494 LINDELL BLVD.  
City-State-Zip: ST. LOUIS MO 63108

Title DIRECTOR  
Name BRUNS, DAVID  
Address 4494 LINDELL BLVD.  
City-State-Zip: ST. LOUIS MO 63108

Title DIRECTOR  
Name JUDY, BOYD  
Address 4494 LINDELL BLVD.  
City-State-Zip: ST. LOUIS MO 63108

Title DIRECTOR  
Name OLIVER, JAMES A  
Address 4494 LINDELL BLVD.  
City-State-Zip: ST. LOUIS MO 63108

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*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: CONSTANCE J. PELLOCK**

**EXECUTIVE DIRECTOR**

**03/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CRESWELL, SUE  
Address 4494 LINDELL BLVD.  
City-State-Zip: ST. LOUIS MO 63108

Title DIRECTOR  
Name ADRIAN, ELCOCK  
Address 4494 LINDELL BLVD.  
City-State-Zip: ST. LOUIS MO 63108

Title JOOI CLUBS CHAIR  
Name CYPHERS, SANDY  
Address 4494 LINDELL BLVD  
City-State-Zip: ST. LOUIS MO 63108

Title DIRECTOR  
Name BUTLER MONA, REBECCA  
Address 4494 LINDELL BLVD.  
City-State-Zip: ST. LOUIS MO 63108

Title DIRECTOR  
Name PRELLAMAN, H. NICK  
Address 4494 LINDELL BLVD.  
City-State-Zip: ST. LOUIS MO 63108