

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 09, 2022
Secretary of State
5632698112CC

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 US

FEI Number: 43-1733736

Certificate of Status Desired: Yes

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	DIRECTOR	Title	JUNIOR GOLF CHAIR
Name	GARNER, PATSY	Name	MEYER, BOB
Address	4494 LINDELL BLVD	Address	4494 LINDELL BLVD
City-State-Zip:	ST. LOUIS MO 63108	City-State-Zip:	ST. LOUIS MO 63108
Title	EXECUTIVE DIRECTOR, SECRETARY	Title	DIRECTOR
Name	BRENN, CHERYL L	Name	MCFADYEN, ROBERT
Address	4494 LINDELL BLVD	Address	4494 LINDELL BLVD
City-State-Zip:	ST. LOUIS MO 63108	City-State-Zip:	ST. LOUIS MO 63108
Title	CHAIRMAN	Title	DIRECTOR
Name	LLOYD, JANET	Name	WEINSOFF, MARK
Address	4494 LINDELL BLVD	Address	4494 LINDELL BLVD
City-State-Zip:	ST. LOUIS MO 63108	City-State-Zip:	ST. LOUIS MO 63108
Title	DIRECTOR	Title	DIRECTOR
Name	THOMAS, RUSS	Name	DOYLE, ROBERT
Address	4494 LINDELL BLVD	Address	4494 LINDELL BLVD
City-State-Zip:	ST. LOUIS MO 63108	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: CHERYL L. BRENN

EXECUTIVE DIRECTOR

03/09/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name WILLIAMS, SANDRA E.
Address 4494 LINDELL BLVD
City-State-Zip: ST. LOUIS MO 63108

Title DIRECTOR
Name JOSLING, DIANNE
Address 4494 LINDELL BLVD
City-State-Zip: SAINT LOUIS MO 63108

Title AUDIT & FINANCE CHAIR
Name SCHMIDT, SANDI
Address 4494 LINDELL BLVD
City-State-Zip: SAINT LOUIS MO 63108

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

Title DIRECTOR
Name HAYNES, CAROL
Address 4494 LINDELL BLVD
City-State-Zip: SAINT LOUIS MO 63108

Title DIRECTOR
Name LABRECHE, CLAIRE
Address 4494 LINDELL BLVD
City-State-Zip: SAINT LOUIS MO 63108