

DOCUMENT # N95000005677
 1. Entity Name
OPTIMIST INTERNATIONAL YOUTH PROGRAMS FOUNDATION

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90050 032 ****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4494 LINDELL BLVD. ST. LOUIS MO 63108

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **43-1733736** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HUBBARD, JAMES H. 214 OLD COUNTY ROAD SEVERNA PARK MD 21146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KATZ, CLIFTON I 25611 TIMPANGOS AVE. CALABASAS CA 91302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ATKINS, JOE D 1411 8TH ST CORONADO CA 92118-2202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Delete SMITH, J WAYNE 2523 GLEN LANE INDEPENDENCE MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PRAGEN, RICHMOND 523 ARTHUR GODFREY RD MIAMI BCH FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input checked="" type="checkbox"/> Delete LAWSON, STEPHEN P. 4494 LINDELL BLVD ST. LOUIS MO 63108

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GARNER, ROBERT L. 700 SUNSET DRIVE CORAL GABLES FL 33143-6239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ADDISON, GARY W. 2205 WEST CONCORD ROAD MUNCIE, IN 47304-2125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HARRIS, DENARD H. 209 ARENDELL STREET MOREHEAD CITY NC 28557
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KONDRASUK, JAMES W. 5001 TONYAWATHA TRAIL MONONA WI 53716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHRIVER, MARK IV 301 CREEKSTONE RIDGE WOODSTOCK GA 30188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GORE, LOGAN M. III 4494 LINDELL BLVD. ST. LOUIS MO 63108

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Logan M. Gore III* **LOGAN M. GORE III** 1/05/01 314-371-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)