

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 725359 (4)  
1. Corporation Name  
OPTIMIST CLUB OF SANFORD, INC.

Principal Place of Business Mailing Address  
333 ROSE DR. SANFORD FL 32773-0648  
333 ROSE DR. SANFORD FL 32773-6648

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

APPROVED AND FILED  
05 MAY 16 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/22/1973 3a. Date of Last Report 02/04/1994  
4. FEI Number 23-7152529 Applied For Not Applicable  
5. Certificate of Status Desired  \$0.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
TOBIN, FRANCIS  
3377 OHIO AVE.  
SANFORD FL 32773

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SHEPARD, WILLIAM
STREET ADDRESS	123 PINE CREST DRIVE
CITY - ST - ZIP	SANDORD FL
TITLE	VP
NAME	ORNBERG, GUST
STREET ADDRESS	219 HOLLY AVENUE
CITY - ST - ZIP	SANFORD FL
TITLE	D
NAME	OGDEN, AUDREY E.
STREET ADDRESS	2412 KEY AVE.
CITY - ST - ZIP	SANFORD FL
TITLE	D
NAME	JETT, JUDY ANN
STREET ADDRESS	2860 BARLEY AVE.
CITY - ST - ZIP	SANFORD FL
TITLE	ST
NAME	HARDIN, PEGGY
STREET ADDRESS	333 ROSE DRIVE
CITY - ST - ZIP	SANFORD FL
TITLE	D
NAME	HOWE, ROBERT
STREET ADDRESS	401 W. SEMINOLE BLVD.
CITY - ST - ZIP	SANFORD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HARDIN, PEGGY M.
1.3 STREET ADDRESS	333 ROSE DR.,
1.4 CITY - ST - ZIP	SANFORD, FL. 32773
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOWE, ROBERT G.
2.3 STREET ADDRESS	P.O. BOX 68, (NA)
2.4 CITY - ST - ZIP	SANFORD, FL. 32772-0068
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOHN CULLUM
3.3 STREET ADDRESS	222 SHIRLEY AV.,
3.4 CITY - ST - ZIP	SANFORD, FL. 32771
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HERMAN SCHROEDER
4.3 STREET ADDRESS	519 E. 1ST ST., APT 1108
4.4 CITY - ST - ZIP	SANFORD, FL. 32771
5.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	AUDREY OGDEN
5.3 STREET ADDRESS	2412 KEY AV.,
5.4 CITY - ST - ZIP	SANFORD, FL. 32771
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BILL SHEPARD,
6.3 STREET ADDRESS	123 PINECREST DR.,
6.4 CITY - ST - ZIP	SANFORD, FL. 32773

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Audrey Ogden AUDREY OGDEN 3/26/95 (407) 323 2194  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month Year)