

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32773-6648

3. Date Incorporated or Qualified **01/22/1973** 3a. Date of Last Report **05/16/1995**
4. FEI Number **23-7152529** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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 **PEGGY M. HARDIN**
82 Street Address (P.O. Box Number is Not Acceptable) **333 ROSE DR**
83
84 City **SANFORD** FL 85 Zip Code **32771**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE *Peggy M. Hardin* (NOTE: Registered Agent signature required when reinstating) DATE **4/10/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HARDIN, PEGGY M	
STREET ADDRESS	333 ROSE DR	
CITY-ST-ZIP	SANFORD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOWE, ROBERT G	
STREET ADDRESS	P.O. BOX 68	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CULLUM, JOHN	
STREET ADDRESS	222 SHIRLEY AVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHROEDER, HERMAN	
STREET ADDRESS	519 E 1ST ST., APT., 1108	
CITY-ST-ZIP	SANFORD FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	OGDEN, AUDREY	
STREET ADDRESS	2412 KEY AVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEPARD, BILL	
STREET ADDRESS	123 PINECREST DR	
CITY-ST-ZIP	SANFORD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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 617, 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* DATE: **4/4/96** DAYTIME PHONE #: **407-323-2194**

CR2E037 (12/95)