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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
333 ROSE DR. SANFORD FL 32773-5889

3. Date incorporated or Qualified 01/22/1973
3a. Date of Last Report 04/17/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 23-7152529 Applied For Not Applicable
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
HARDIN, PEGGY M.
333 ROSE DRIVE
SANFORD FL 32774
32773
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 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P DELETE
NAME HARDIN, PEGGY M
STREET ADDRESS 333 ROSE DR
CITY-ST-ZIP SANDORO FL
TITLE D DELETE
NAME HOWE, ROBERT G
STREET ADDRESS P.O. BOX 68
CITY-ST-ZIP SANFORD FL
TITLE VP DELETE
NAME CULLUM, JOHN
STREET ADDRESS 222 SHIRLEY AVE
CITY-ST-ZIP SANFORD FL
TITLE D DELETE
NAME SCHROEDER, HERMAN
STREET ADDRESS 519 E 1ST ST., APT., 1108
CITY-ST-ZIP SANFORD FL
TITLE ST DELETE
NAME OGDEN, AUDREY
STREET ADDRESS 2412 KEY AVE
CITY-ST-ZIP SANFORD FL
TITLE D DELETE
NAME SHEPARD, BILL
STREET ADDRESS 123 PINECREST DR
CITY-ST-ZIP SANFORD FL
1.1 TITLE SIT
1.2 NAME Peggy M. Hardin
1.3 STREET ADDRESS 333 Rose Dr.
1.4 CITY-ST-ZIP Sanford, FL, 32773
2.1 TITLE P
2.2 NAME Howe, Robert G.
2.3 STREET ADDRESS P.O. Box 68 (N/A)
2.4 CITY-ST-ZIP Sanford, FL, 32772-0068
3.1 TITLE VP
3.2 NAME Cullum, John
3.3 STREET ADDRESS 222 Shirley Ave.
3.4 CITY-ST-ZIP Sanford, FL, 32771
4.1 TITLE D
4.2 NAME Ron Fraser
4.3 STREET ADDRESS 210 S. Scott Ave.
4.4 CITY-ST-ZIP Sanford, FL, 32771
5.1 TITLE VP
5.2 NAME Ogden, Audrey
5.3 STREET ADDRESS 2412 Key Ave.
5.4 CITY-ST-ZIP Sanford, FL, 32771
6.1 TITLE D
6.2 NAME Shepard, Bill
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Peggy M. Hardin 1/31/97 407-322-0298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014782

CR2E037 (9/96)