

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 725359 (4)**  
 1. Corporation Name  
**OPTIMIST CLUB OF SANFORD, INC.**



Principal Place of Business 333 ROSE DR. SANFORD FL 32773-6648	Mailing Address 333 ROSE DR. SANFORD FL 32773-6648
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3. Date Incorporated or Qualified <b>01/22/1973</b>	
4. FEI Number <b>23-7152529</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>N/A</b>	

2. Principal Place of Business 21 Suite. Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite. Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  <b>HARDIN, PEGGY M.</b> 333 ROSE DRIVE SANFORD FL 32771
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	HARDIN, PEGGY M
STREET ADDRESS	333 ROSE DR
CITY-ST-ZIP	SANDORD FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	HOWE, ROBERT G
STREET ADDRESS	P.O. BOX 68
CITY-ST-ZIP	SANFORD FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	CULLUM, JOHN
STREET ADDRESS	222 SHIRLEY AVE
CITY-ST-ZIP	SANFORD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FRASER, RON
STREET ADDRESS	210 S SCOTT AVE
CITY-ST-ZIP	SANFORD FL
TITLE	VP <input checked="" 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	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nunez, Bernice M.
1.3 STREET ADDRESS	108 East Greentree Lane
1.4 CITY-ST-ZIP	Lake Mary, FL 32746-4003
2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ogden, Audrey
2.3 STREET ADDRESS	2412 Key Avenue
2.4 CITY-ST-ZIP	Sanford, FL 32771
3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Wynn, Syberina
3.3 STREET ADDRESS	1509 Terrace Dr
3.4 CITY-ST-ZIP	Sandord, FL 32773
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	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wilkins, Bill
5.3 STREET ADDRESS	105 Lake Dot Drive
5.4 CITY-ST-ZIP	Sanford, FL 32773
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 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: **Bernice M. Nunez** *Bernice M. Nunez 1/15/98 (409) 333-2015*

CR2E087 (10/97)

Additional Page

D  
Nunez, Adolfo J.  
108 East Greentree Lane  
Lake Mary, FL 32746-4003

D  
Babcock, Florida J.  
761 Monroe Harbor Pl  
Sanford, FL 32773

D  
Vann, Harley  
220 Lakeview Drive  
Sanford, FL 32773

D  
Vann, Betty  
220 Lake view Drive  
Sanford, FL 32773

*Bernice M. Nunez 1/15/98*