


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90265 039 ****61.25

0014813

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 725359

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
--	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 01/22/1973	4. FEI Number 23-7152529 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---	--	--	---

9. Name and Address of Current Registered Agent

HARDIN, PEGGY M.
333 ROSE DRIVE
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	NUNEZ, BERNICE M	
STREET ADDRESS	108 E GREENTREE LN	
CITY-ST-ZIP	LK MARY FL 32746	
TITLE	P	<input type="checkbox"/> DELETE
NAME	OGDEN, AUDREY	
STREET ADDRESS	2412 KEY AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WYNN, SYBERINA	
STREET ADDRESS	1509 TERRANCE DR	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRASER, RON	
STREET ADDRESS	210 S SCOTT AVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILKINS, BILL	
STREET ADDRESS	105 LAKE DOT DR	
CITY-ST-ZIP	SANFORD FL 32773	
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	SIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peggy M. Hardin	
1.3 STREET ADDRESS	333 Rose Drive	
1.4 CITY-ST-ZIP	Sanford, FL, 32773	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wynn, Syberina	
2.3 STREET ADDRESS	1509 Terrace Dr.	
2.4 CITY-ST-ZIP	Sanford, FL, 32773	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Welborn, William E	
3.3 STREET ADDRESS	707 Sheoah Blvd #333	
3.4 CITY-ST-ZIP	Winter Springs, FL, 32708	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Butler, Ernie	
4.3 STREET ADDRESS	104 Vihlen Rd	
4.4 CITY-ST-ZIP	Sanford, FL, 32771	
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Babcock, Glorinda	
5.3 STREET ADDRESS	761 Monroe Harbor Pl	
5.4 CITY-ST-ZIP	Sanford, FL, 32773	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Cullum, John	
6.3 STREET ADDRESS	222 Shirley Ave	
6.4 CITY-ST-ZIP	Sanford, FL, 32771	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *Peggy M. Hardin* **SIGNATURE REQUIRED** 3/3/99 407-322-0298
 DATE: _____ DAYTIME PHONE #: _____

CR2E037 (1/198)