

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

APPROVED AND FILED

55 MAY -1 11:10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 731033 (7)
1. Corporation Name
THE OPTIMIST CLUB OF PLANT CITY, FLORIDA, INC.

Principal Place of Business Mailing Address
P O BOX 1755 PLANT CITY FL 33564 P O BOX 1755 PLANT CITY FL 33564

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/01/1974 3a. Date of Last Report 05/01/1994

4. FEI Number 59-6155184 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

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 § 100.032 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 Country 28 Country

24 Zip 25 Zip 29 Zip 30 Zip

9. Name and Address of Current Registered Agent
BUZBEE, JAMES H.
114 S. COLLINS ST
PLANT CITY FL 33568

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 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 607.0505, Florida Statutes.

SIGNATURE: *James H. Buzbee* DATE: 4/12/95

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	HICKS JR., STUART Y.
STREET ADDRESS	408 W HERRING ST PLANT CITY FL
CITY - ST - ZIP	
TITLE	P
NAME	AZORIN, ANTONIO
STREET ADDRESS	6704 PEMBERTON OAKS CT SEFFNER FL
CITY - ST - ZIP	
TITLE	D
NAME	ARNOLD, JEFFREY
STREET ADDRESS	1104 W RISK ST APT. D PLANT CITY FL
CITY - ST - ZIP	
TITLE	V
NAME	BALDWIN, TOM
STREET ADDRESS	4226 BARRET AVE PLANT CITY FL
CITY - ST - ZIP	
TITLE	B
NAME	WOODS, PAUL D.
STREET ADDRESS	1702 HORSESHOE DR PLANT CITY FL
CITY - ST - ZIP	
TITLE	D
NAME	ARNOLD, WALTER
STREET ADDRESS	2401 S. FRONTAGE RD. PLANT CITY FL
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DOUG HIPPLER
23 STREET ADDRESS	1704 HORSESHOE DR. PLANT CITY, FL 33567
24 CITY - ST - ZIP	
31 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	STEVE KENNEDY
33 STREET ADDRESS	5836 N. DORMANY RD. PLANT CITY, FL 33565
34 CITY - ST - ZIP	
41 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	JEFF BATLEY
53 STREET ADDRESS	2626 BRINE DR. PLANT CITY, FL 33567
54 CITY - ST - ZIP	
61 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	ANDY KNOTTS
63 STREET ADDRESS	701 N. WARNELL ST. PLANT CITY, FL 33566
64 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 110.07(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 817, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Stuart Y. Hicks Jr.* DATE: 4-2-95 (Type) PHONE: 813-754-8804 (Type)