


FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 731033 (7)**  
1. Corporation Name  
**THE OPTIMIST CLUB OF PLANT CITY, FLORIDA, INC.**



Principal Place of Business <b>P.O. BOX 1755 PLANT CITY FL 33564</b>	Mailing Address <b>C/O STEPHEN L. EVANS 104 N THOMAS ST PLANT CITY FL 33566-3218</b>
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3. Date Incorporated or Qualified <b>11/01/1974</b>	3a. Date of Last Report <b>04/30/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>59-6155184</b>	Applied For <input type="checkbox"/> 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>
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**EVANS, STEPHAN L  
104 N THOMAS ST  
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HICKS JR., STUART Y.</b>	1.2 NAME	<b>JEFFREY W. ARNOLD</b>
STREET ADDRESS	<b>408 W HERRING ST</b>	1.3 STREET ADDRESS	<b>2300 ASHLEY CT.</b>
CITY-ST-ZIP	<b>PLANT CITY FL</b>	1.4 CITY-ST-ZIP	<b>PLANT CITY, FL 33566</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PAST PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIPPLER, DOUG</b>	2.2 NAME	
STREET ADDRESS	<b>1704 HORSESHOE DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>PRESIDENT D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNEDY, STEVE</b>	3.2 NAME	
STREET ADDRESS	<b>5836 N DORMANY RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PASP</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>2ND VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BALDWIN, TOM</b>	4.2 NAME	<b>DAVID BYERS</b>
STREET ADDRESS	<b>4226 BARRET AVE</b>	4.3 STREET ADDRESS	<b>1807 HITCHING POST PL.</b>
CITY-ST-ZIP	<b>PLANT CITY FL</b>	4.4 CITY-ST-ZIP	<b>PLANT CITY, FL 33566</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>1ST VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATLEY, JEFF</b>	5.2 NAME	
STREET ADDRESS	<b>2626 BRIDLE DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNOTTS, ANDY</b>	6.2 NAME	
STREET ADDRESS	<b>701 N WARNELL ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	6.4 CITY-ST-ZIP	

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 checked, or on an attachment with an address.

CR2E037 (9/96)

*[Handwritten signatures and dates]* 3/21/07 (813) 752-1796