

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</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</b>
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3. Date Incorporated or Qualified <b>11/01/1974</b>	
4. FEI Number <b>59-6155184</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
24 Zip	25 Country	28 Zip	29 Country
24	25	28	29

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 <del>or has paid</del> the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**EVANS, STEPHEN L  
104 N THOMAS ST  
PLANT CITY FL 33566**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>ARNOLD, JEFFREY W</b>	
STREET ADDRESS	<b>2300 ASHLEY CT</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>PP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HIPPLER, DOUG</b>	
STREET ADDRESS	<b>1704 HORSESHOE DR</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>KENNEDY, STEVE</b>	
STREET ADDRESS	<b>5836 N DORMANY RD</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>BYERS, DAVID</b>	
STREET ADDRESS	<b>1807 HITCHING POST PL</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>BATLEY, JEFF</b>	
STREET ADDRESS	<b>2626 BRIDLE DR</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KNOTTS, ANDY</b>	
STREET ADDRESS	<b>701 N WARNELL ST</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>2nd VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>PAUL WOODS</b>
2.3 STREET ADDRESS	<b>1702 HORSESHOE DRIVE</b>
2.4 CITY-ST-ZIP	<b>PLANT CITY, FL 33567</b>
3.1 TITLE	<b>PP / D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*25*  
*4.13*  
*Dep. \$61.25*

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: *Jeffrey W. Arnold* 02/14/98 (813) 759-0086

CP2E037 (10/97)