

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 13 PM 5:04

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

Principal Place of Business Mailing Address
 P.O. BOX 1755 C/O STEPHEN L. EVANS
 PLANT CITY FL 33564 104 N THOMAS ST
 PLANT CITY FL 33566



REINSTATEMENT 95

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/01/1974
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-6155184
24 Country	29 Country	5. Certificate of Status Desired
	30 Country	Applied For
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

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

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: *[Signature]* DATE: **October 8, 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	ST <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNOLD, JEFFREY W	1.2 NAME	ROGER LEE MITCHELL
STREET ADDRESS	2300 ASHLEY CT	1.3 STREET ADDRESS	501 E. VIRGINIA AVE
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	PLANT CITY FL 33566
TITLE	2VP <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, PAUL	2.2 NAME	
STREET ADDRESS	1702 HORSESHOE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33567	2.4 CITY-ST-ZIP	
TITLE	PPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	2VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEDY, STEVE	3.2 NAME	BEN KNOK
STREET ADDRESS	5836 N DORMANY RD	3.3 STREET ADDRESS	1705 SAFE DRIVE Pr.
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	PLANT CITY FL 33567
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYERS, DAVID	4.2 NAME	600003019026--2
STREET ADDRESS	1807 HITCHING POST PL	4.3 STREET ADDRESS	-10/19/99--01095--002
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	***236.25 ***236.25
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATLEY, JEFF	5.2 NAME	
STREET ADDRESS	2626 BRIDLE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOTTS, ANDY	6.2 NAME	
STREET ADDRESS	701 N WARNELL ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
 DATE: 10-8-99 DAYTIME PHONE: (813) 754 1521

CR2E037 (11/98)