


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 27 1997 8:00am
 Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 737293 (1)

1. Corporation Name
OPTIMIST CLUB OF GULF BREEZE, FLORIDA, INC.



| | |
|---|---|
| Principal Place of Business P.O. BOX 687 GULF BREEZE FL 32562 | Mailing Address P.O. BOX 687 GULF BREEZE FL 32562 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/15/1976 | 3a. Date of Last Report 01/30/1996 |
|--|--|

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| | |
|--|---------------------------------------|
| 4. FEI Number 23-7008079 | 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 |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

BERTI, JOHN C
1110 PARK LANE
GULF BREEZE FL 32561

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 | P <input checked="" type="checkbox"/> DELETE |
| NAME | NEIDIG, KAREN |
| STREET ADDRESS | 900 FT PICKENS RD |
| CITY-ST-ZIP | PENSACOLA BEACH FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | GRAY, CHARLES |
| STREET ADDRESS | 3005 ROSA DEL VILLAS |
| CITY-ST-ZIP | GULF BREEZE FL |
| TITLE | T <input checked="" type="checkbox"/> DELETE |
| NAME | BERTI, JOHN |
| STREET ADDRESS | 1110 PARK LANE |
| CITY-ST-ZIP | GULF BREEZE FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | GALLAGHER, W. PRESLEY |
| STREET ADDRESS | 3372 LAUREL DRIVE |
| CITY-ST-ZIP | GULF BREEZE FL |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | LOHMEYER, RICHARD G |
| STREET ADDRESS | 1970 CALCUTTA DR |
| CITY-ST-ZIP | GULF BREEZE FL |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | BURKE, JAMES |
| STREET ADDRESS | 3068 PARADISE BAY DRIVE |
| CITY-ST-ZIP | GULF BREEZE FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | CARRUTH, KYLE |
| 1.3 STREET ADDRESS | 3462 GULF BREEZE PKWY. |
| 1.4 CITY-ST-ZIP | GULF BREEZE, FL 32561 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | SCALLAN, CYNTHIA L. |
| 3.3 STREET ADDRESS | 1658 KALAKAUA COURT |
| 3.4 CITY-ST-ZIP | GULF BREEZE, FL 32561 |
| 4.1 TITLE | V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | JOHNSON, MICHAEL |
| 4.3 STREET ADDRESS | 1108 JAGUAR CIRCLE |
| 4.4 CITY-ST-ZIP | GULF BREEZE, FL 32561 |
| 5.1 TITLE | <input 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 | |

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 changed, or on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED 8/15/97 (850) 131-7840

CR2E037 (4/97)