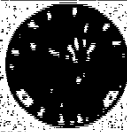


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N15836** (2)  
1. Corporation Name  
**ENSLEY - CANTONMENT, FLORIDA OPTIMIST CLUB, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APPROVED  
AND  
FILED

95 APR 19 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P O BOX 7512  
PENSACOLA FL 32534

P O BOX 7512  
PENSACOLA FL 32534

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/09/1986** 3a. Date of Last Report **07/22/1994**

4. FEI Number **59-2893369** 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 S. 199.032, 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 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DYKES, DAVID E  
4550 JERNIGAN ROAD  
PACE FL 32571

81 Name **GLENN, JENN - PRESIDENT**

82 Street Address (P.O. Box Number is Not Acceptable)

**557 NORTHCREEK CIRCLE**

83

84 City

**PENSACOLA**

FL

85 Zip Code **32574**

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

**DAVID E. DYKES**

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

**1/23/95**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME             | STREET ADDRESS      | CITY - ST - ZIP |
|-------|------------------|---------------------|-----------------|
| VD    | MESSICK, RUSSELL | 2750 E. OLIVE ROAD  | PENSACOLA FL    |
| VD    | NALL, RONALD     | 3745 STEFANI ROAD   | CANTONMENT FL   |
| T     | DYKES, GAYLE     | 4550 JERNIGAN ROAD  | PACE FL         |
| S     | DYKES, DAVID E.  | 4550 JERNIGAN RD    | PACE FL         |
| SD    | DYKES, GAYLE     | 4550 JERNIGAN RD    | PACE FL         |
| D     | LAKE, DICK       | 723 CARON DELAY DR. | PENSACOLA FL    |

| 1.1 TITLE | 1.2 NAME          | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP |                    |
|-----------|-------------------|--------------------|---------------------|--------------------|
| VD        | ROBERTSON, WILSON | 9181 WOODRUN PLACE | PENSACOLA FL 32514  |                    |
| 2.1 TITLE | 2.2 NAME          | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP |                    |
| VD        | SKAAR, GARY       | 558 NORTHCREEK CIR | PENSACOLA FL 32514  |                    |
| 3.1 TITLE | 3.2 NAME          | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP |                    |
| VD        | SITID             | HATDUR, JAMES      | 556 NORTHCREEK CIR  | PENSACOLA FL 32514 |
| 4.1 TITLE | 4.2 NAME          | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP |                    |
| D         | DYKES, DAVID E.   | 4550 JERNIGAN RD   | PACE FL 32571       |                    |
| 5.1 TITLE | 5.2 NAME          | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP |                    |
| D         | THOMAS, MALCOLM   | 615 PINELAKE CIR   | CANTONMENT FL 32533 |                    |
| 6.1 TITLE | 6.2 NAME          | 6.3 STREET ADDRESS | 6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DAVID E. DYKES**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

**1-23-95**

Date

**904-554-0857**

Daytime Phone #