FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED AND FILED
95 APR 19 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15836 (2)

1. Corporation Name
ENSLEY - CANTONMENT, FLORIDA OPTIMIST CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P O BOX 7512 PENSACOLA FL 32534	P O BOX 7512 PENSACOLA FL 32534

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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DYKES, DAVID E
4550 JERNIGAN ROAD
PACE FL 32571

10. Name and Address of New Registered Agent

81 Name: GLENN; JOHN — PRESIDENT
82 Street Address (P.O. Box Number is Not Acceptable): 557 NORTHCREEK CIRCLE
83
84 City: PENSACOLA FL 85 Zip Code: 32514

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: JOHN GLENN — 1/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	VP	☑ Change ☐ Addition
NAME	MESSICK, RUSSELL	1.2 NAME	ROBERTSON, WILSON	
STREET ADDRESS	2750 E. OLIVE ROAD	1.3 STREET ADDRESS	9161 WOODRUN PLACE	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VD	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	NALL, RONALD	2.2 NAME	SKAAR, GARY	
STREET ADDRESS	3745 STEFANI ROAD	2.3 STREET ADDRESS	538 NORTHCREEK CIR	
CITY-ST-ZIP	CANTONMENT FL	2.4 CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	T	3.1 TITLE	SIT/D	☑ Change ☐ Addition
NAME	DYKES, GAYLE	3.2 NAME	HAJDUK, JAMES	
STREET ADDRESS	4550 JERNIGAN ROAD	3.3 STREET ADDRESS	546 NORTHCREEK CIR	
CITY-ST-ZIP	PACE FL	3.4 CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	S	4.1 TITLE	D	☑ Change ☐ Addition
NAME	DYKES, DAVID E.	4.2 NAME	DYKES, DAVID E.	
STREET ADDRESS	4550 JERNIGAN RD	4.3 STREET ADDRESS	4550 JERNIGAN RD	
CITY-ST-ZIP	PACE FL	4.4 CITY-ST-ZIP	PACE FL 32571	
TITLE	SD	5.1 TITLE	D	☑ Change ☐ Addition
NAME	DYKES, GAYLE	5.2 NAME	THOMAS, MALCOLM	
STREET ADDRESS	4550 JERNIGAN RD	5.3 STREET ADDRESS	615 PINEBROOK CIR	
CITY-ST-ZIP	PACE FL	5.4 CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	LAKE, DICK	6.2 NAME		
STREET ADDRESS	723 CARON DELAY DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	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 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: DAVID E. DYKES — 1-23-95 — 904-554-0857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #