

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 11 1997 8:00am
Secretary of State



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

NONPROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # **N39865** (3)
1. Corporation Name
GRACEVILLE OPTIMIST CLUB, INC.



Principal Place of Business Mailing Address
P O BOX 407 GRACEVILLE FL 32440 **P O BOX 407 GRACEVILLE FL 32440-0407**

3. Date Incorporated or Qualified **09/06/1990** 3a. Date of Last Report **02/14/1996**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	59-3011942	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEVerson, WILLIAM L. 1057 8TH AVE GRACEVILLE FL 32440				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	DP	NURRELL, IRVIN	5396 O B KNIGHT DR GRACEVILLE FL	<input checked="" type="checkbox"/> DELETE	DP	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	DS	SUANDERS, SHERRY	5696 HWY 231 CAMPBELLTON FL	<input type="checkbox"/> DELETE	DT	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	DV	BLOUNT, DIANE	RT 2 BOX 9 GRACEVILLE FL	<input checked="" type="checkbox"/> DELETE	DS	JACKIE MALONE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	DT	NEEL, DONNA	P O BOX 124 COTTONDALE FL	<input checked="" type="checkbox"/> DELETE		1082 WEDGE AVE. GRACEVILLE, FL 32440	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Virgil Mixson* **VIRGIL MIXSON**, 1/7/97 **GRACEVILLE, FL 32440**

CR2E037 (9/96)