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Mar 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business: P O BOX 407 GRACEVILLE FL 32440  
Mailing Address: P O BOX 407 GRACEVILLE FL 32440

3. Date Incorporated or Qualified: 09/06/1990  
4. FEI Number: 59-3011942  
Applied For: Not Applicable

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

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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
STEVERSON, WILLIAM L.  
1057 8TH AVE  
GRACEVILLE FL 32440

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS IN 12	
TITLE	TR	1.1 TITLE	STEPHANIE LEUBENBERGER
NAME	MIXSON, VIRGIL	1.2 NAME	5555 Cotton St.
STREET ADDRESS	5403 BROWN ST	1.3 STREET ADDRESS	GRACEVILLE, FL 32440
CITY-ST-ZIP	GRACEVILLE FL	1.4 CITY-ST-ZIP	DP
TITLE	DS	2.1 TITLE	VICE PRESIDENT
NAME	SUANDERS, SHERRY	2.2 NAME	Byron MIXSON
STREET ADDRESS	5696 HWY 231	2.3 STREET ADDRESS	5959 HWY 77
CITY-ST-ZIP	CAMPBELLTON FL	2.4 CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	DP	3.1 TITLE	DS-TR
NAME	BLOUNT, DIANE	3.2 NAME	VIRGIL MIXSON
STREET ADDRESS	RT 2 BOX 9	3.3 STREET ADDRESS	5403 BROWN ST.
CITY-ST-ZIP	GRACEVILLE FL	3.4 CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	DS	4.1 TITLE	
NAME	MALONE, JACKIE	4.2 NAME	
STREET ADDRESS	10852 WHITE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GRACEVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Handwritten notes: DS-TR, DVP, DP, Change, Addition

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.

SIGNATURE: \_\_\_\_\_ VIRGIL MIXSON (TREASURER) 11/28/98 17-3437

CR2E037 (10/97)