

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
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02-22-1999 90100 034 \*\*\*\*61.25  
STATE OF FLORIDA  
TALLAHASSEE

DOCUMENT # N39865

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



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4.	FEI Number	Applied For
22	City & State	27	City & State		59-3011942	Not Applicable
23	Zip	28	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country	6.	Election Campaign Financing	\$5.00 May Be Added to Fees
		30			Trust Fund Contribution	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEVerson, WILLIAM L. 1057 8TH AVE GRACEVILLE FL 32440				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	DELETED		1.1 TITLE	President	Change	Addition
NAME	LEUBENBERGER, STEPANIE			1.2 NAME	Georgia Arnold	DP	
STREET ADDRESS	5355 COTTON ST			1.3 STREET ADDRESS	5240 Cliff St		
CITY-ST-ZIP	GRACEVILLE FL 32440			1.4 CITY-ST-ZIP	Graceville, FL 32440		
TITLE	DVP	DELETED		2.1 TITLE	VP	Change	Addition
NAME	MIXSON, BRYAN			2.2 NAME	Ronald Barber	DVP	
STREET ADDRESS	5859 HWY 27			2.3 STREET ADDRESS	5878 Cooper St		
CITY-ST-ZIP	GRACEVILLE FL 32440			2.4 CITY-ST-ZIP	Graceville, FL 32440		
TITLE	DSTR	DELETED		3.1 TITLE	S/T	Change	Addition
NAME	MIXSON, VIRGIL			3.2 NAME	Dianne Blunt	DSTR	
STREET ADDRESS	5403 BROWN ST			3.3 STREET ADDRESS	4891 Damascus Ch Rd		
CITY-ST-ZIP	GRACEVILLE FL 32440			3.4 CITY-ST-ZIP	Graceville, FL 32440		
TITLE		DELETED		4.1 TITLE		Change	Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETED		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETED		6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED T 1/8/98 850-263-3158

CRZ037 (11/98)