

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT



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

1995-7734-N C 7-10-95

FILED

95 JUL 10 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N46932 (2)

1. Corporation Name  
**OPTIMIST CLUB OF WEST PALM BEACH, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
POB 2243 W PALM BEACH FL 33402-2243  
POB 2243 W PALM BEACH FL 33402-2243

3. Date Incorporated or Qualified 01/21/1992 3a. Date of Last Report 04/19/1994

4. FEI Number 59-6139128 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

& State 28 City & State

Zip Country 29 Zip 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  FILING FEE IS \$61.25

8. This corporation has liability for intangible tax under s. 199 R32, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOMLINSON, ALLEN R.  
505 S FLAGLER DR  
STE 1100  
W PALM BEACH FL 33402

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

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	PD
NAME	THOMAS, DAVID J
STREET ADDRESS	222 RIDGEVIEW DR
CITY-ST-ZIP	PALM BEACH FL
TITLE	VD
NAME	CONNELLY, PAUL J
STREET ADDRESS	832 WINDERMERE WAY
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	VD
NAME	HOCHSTETLER, NANCY G
STREET ADDRESS	301 LAKE SHORE DR #710
CITY-ST-ZIP	LAKE PARK FL
TITLE	STD
NAME	HOWARD-SMITH, JOHN G
STREET ADDRESS	350 VALLEY FORGE RD
CITY-ST-ZIP	WEST PALM BEACH FL 43
TITLE	ASD
NAME	HOCHSTETLER, NANCY G
STREET ADDRESS	301 LAKE SHORE DR., #710
CITY-ST-ZIP	LAKE PARK FL
TITLE	D
NAME	HOBBS, THOMAS E
STREET ADDRESS	432 FONTANA DR
CITY-ST-ZIP	PALM SPRINGS FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Thomas E. Hobbs* THOMAS E. HOBBS 7/5/95 407-585-7300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3-95)