

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N46932** (2)  
1. Corporation Name  
**OPTIMIST CLUB OF WEST PALM BEACH, INC.**



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 **07/10/1995**

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

4. FEI Number **59-6139128** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**TOMLINSON, ALLEN R.  
505 S FLAGLER DR  
STE 1100  
W PALM BEACH FL 33402**

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 reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>DIR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP	<b>600001888956</b>	
21 TITLE	<b>-07/10/96--01013--088</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>***61.25</b>	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	<b>PRES, DIR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	<b>VICE PRES, DIR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	<b>TREAS, DIR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(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* **TREAS.** 4/30/96 407-585-7300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**THOMAS E HOBBS** Date Daytime Phone #

CR2E037 (12/95)