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FILED
Aug 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46932 (2)
 1. Corporation Name
OPTIMIST CLUB OF WEST PALM BEACH, INC.



Principal Place of Business POB 2243 W PALM BEACH FL 33402-2243	Mailing Address POB 2243 W PALM BEACH FL 33402-2243
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3. Date Incorporated or Qualified 01/21/1992	
4. FEI Number 59-6139128	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, DAVID J	
STREET ADDRESS	222 RIDGEVIEW DR	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PREMURRODO, ROBERT	
STREET ADDRESS	625 N FLAGLER DRIVE, 10TH FL	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GONYER, TIM	
STREET ADDRESS	10255 63RD LANE NORTH	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOWARD-SMITH, JOHN G	
STREET ADDRESS	350 VALLEY FORGE RD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gonyer, Tim
3.3 STREET ADDRESS	10255 63rd Lane North
3.4 CITY-ST-ZIP	West Palm Beach FL
4.1 TITLE	Howard-Smith, John G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	350 Valley Forge Rd.
4.4 CITY-ST-ZIP	West Palm Beach FL
5.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Tunis, T. Bradley
5.3 STREET ADDRESS	8520 Dovesbrook Drive
5.4 CITY-ST-ZIP	Palm Beach Gardens, FL
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Allen R. Tomlinson
6.3 STREET ADDRESS	505 S. Flagler Drive # 1100
6.4 CITY-ST-ZIP	West Palm Beach FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 _____ DATE 4/7/98 478-7612

CR2E037 (10/97)