


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90133 035 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46932**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/21/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6139128
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DAVID J	1.2 NAME	
STREET ADDRESS	222 RIDGEVIEW DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUNIS, T B	2.2 NAME	
STREET ADDRESS	8520 DOVERBROOK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS FL	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONYER, TIM	3.2 NAME	PD Richard Tickner
STREET ADDRESS	10255 63RD LANE NORTH	3.3 STREET ADDRESS	2408 Avenida Madrid Oeste
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33415
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD-SMITH, JOHN G	4.2 NAME	
STREET ADDRESS	350 VALLEY FORGE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMLINSON, ALLEN R	5.2 NAME	
STREET ADDRESS	505 S FLAGLER DR, #1100	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: J. B. Tomlinson SIGNATURE REQUIRED 1/14/99 561 968-7166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)