

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:21

1

DOCUMENT # **N93000001452 (2)**

1. Corporation Name

**OPTIMIST CLUB OF HUDSON, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5844 PINE HILL ROAD  
PORT RICHEY FL 34668

P O BOX 7306  
HUDSON FL 34674  
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>03/31/1993</b>	3a. Date of Last Report <b>04/20/1994</b>
4. FEI Number <b>59-317720</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

25 Suite, Apt #, etc

22 City & State

26 City & State

23 Zip

24 Country

27 Zip

28 Country

24

25

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30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for the annual tax under C. 199.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUETHLEIN, ANDREE  
8466 CESSNA DR  
NEW PORT RICHEY FL 34654

81 Name

82 Street Address (P O Box Number is Not Acceptable)

83

84 City

300001500013  
P O BOX 7306  
HUDSON FL 34674

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the #, state, date)

8101 (Registered Agent signature required when applicable)

1011

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	GUETHLEIN, ANDREE
STREET ADDRESS	8466 CESSNA DR
CITY, ST, ZIP	NEW PORT RICHEY FL
TITLE	VP
NAME	HEPPARD, ARLENE
STREET ADDRESS	9324 LIDO LANE
CITY, ST, ZIP	PORT RICHEY FL
TITLE	VP
NAME	BROWN, GERRIE J
STREET ADDRESS	7436 CANDLELIGHT COURT
CITY, ST, ZIP	NEW PORT RICHEY FL
TITLE	S
NAME	RENFRO, LYNNE
STREET ADDRESS	5640 FERGVSON COURT
CITY, ST, ZIP	NEW PORT RICHEY FL
TITLE	T
NAME	VAN PELT, JOHN F
STREET ADDRESS	12406 GUNSTOCK LANE
CITY, ST, ZIP	BAYONET POINT FL
TITLE	D
NAME	TAYLLOR, DENISE
STREET ADDRESS	7139 WEDGEWOOD DRIVE
CITY, ST, ZIP	NEW PORT RICHEY FL 34652

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	P TROTTER, LOUIS
13 STREET ADDRESS	303 DISTRICT COURT
14 CITY, ST, ZIP	TAMPA, FL 33613
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	34668
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	34652
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	34652
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	5/1/95 VST
53 STREET ADDRESS	
54 CITY, ST, ZIP	34667
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

REMITTED BY MAY 1

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 reporting 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: *John F. Van Pelt* JOHN F. VAN PELT 3/15/95 (813) 868-2898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



**OPTIMIST CLUB OF HUDSON**  
**Friend Of Youth**

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13. ADDITIONS/CHANGES TO OFFICERS & DIRECTORS IN 12

7.1 TITLE D

7.2 NAME GUERTHLEIN ANDREE

7.3 ST. ADDRESS 8466 CESSINA DR.

7.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34654

8.1 TITLE D

8.2 NAME KENNETH B. PEARCE

8.3 ST. ADDRESS 7409 TROUBLE CREEK RD

8.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34653