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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000001452 (2)

1. Corporation Name

OPTIMIST CLUB OF HUDSON/PORT RICHEY, INC.



Principal Place of Business

5844 PINE HILL ROAD
PORT RICHEY FL 34668

Mailing Address

5844 PINE HILL ROAD
PORT RICHEY FL 34668-6616

3. Date Incorporated or Qualified
03/31/1993

3a. Date of Last Report
04/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

4. FEI Number

59-3177720

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

QUETHLEIN, ANDREE
8488 CESSNA DR
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name WILLIAM NELSON
82 Street Address (P.O. Box Number is Not Acceptable) 6800 MASSACHUSETTS AVE.
83
84 City NEW PORT RICHEY FL 85 Zip Code 34653

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 WILLIAM NELSON Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4/16/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TROTTER, LOUIS	
STREET ADDRESS	803 DISTRICT COURT	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PARRILLO, LOUIS	
STREET ADDRESS	5824 MONTANA AVE	
CITY-ST-ZIP	PORT RICHEY FL 34652	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	QUETHLEIN, ANDRE	
STREET ADDRESS	8488 CESSNA DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RENFRO, LYNNE	
STREET ADDRESS	5640 FERGVSON COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	VAN PELT, JOHN F	
STREET ADDRESS	12406 GUNSTOCK LANE	
CITY-ST-ZIP	BAYONET POINT FL 34667	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON, BRENDA	
STREET ADDRESS	6800 MASSACHUSETTS AVE.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM NELSON	
1.3 STREET ADDRESS	6800 MASSACHUSETTS AVE	
1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAVID NEAL	
3.3 STREET ADDRESS	6706 RIVER ROAD	
3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TS	<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 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.

SIGNATURE: John F. Van Pelt, Brenda Nelson, William Nelson 4/16/97 (012)912-8598

CR2E037 (9/96)