

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000005677 (8)**

1. Corporation Name

**OPTIMIST INTERNATIONAL YOUTH PROGRAMS FOUNDATION, INC.**



Principal Place of Business

Mailing Address

4494 LINDELL BLVD.  
ST. LOUIS MO 63108

4494 LINDELL BLVD.  
ST. LOUIS MO 63108

3. Date Incorporated or Qualified  
**12/01/1995**

3a. Date of Last Report  
**N/A**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**43-1733736**

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

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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

**N/A**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BOONE, J.C. JR</b>
STREET ADDRESS	<b>PO BOX 503</b>
CITY-ST-ZIP	<b>ALBEMARIE NC 28001</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KATZ, CLIFTON I</b>
STREET ADDRESS	<b>25611 TIMPANGOS AVE.</b>
CITY-ST-ZIP	<b>CALABASAS CA 91302</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MERCIER, JEAN</b>
STREET ADDRESS	<b>942 GAUVIN ST.</b>
CITY-ST-ZIP	<b>CHAMBLY, PQ, J3L 1N6</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WILES, CHARLES R</b>
STREET ADDRESS	<b>202 COUNTY RD. 630</b>
CITY-ST-ZIP	<b>CAPE GIRARDEAU MO 63701</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CHAVEZ, DAVID X</b>
STREET ADDRESS	<b>6903 HILL MEADOW DR.</b>
CITY-ST-ZIP	<b>AUSTIN TX 78736</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>EUBANKS, MARK C</b>
STREET ADDRESS	<b>235 BYRD STATION RD.</b>
CITY-ST-ZIP	<b>SILVER CREEK GA 30173</b>

1.1 TITLE	<b>Executive Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Stephen P. Lawson</b>
1.3 STREET ADDRESS	<b>4494 Lindell Boulevard</b>
1.4 CITY-ST-ZIP	<b>St. Louis, MO 63108</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<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 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, unchanged, or on an attachment with an address.

SIGNATURE:

*Stephen P. Lawson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

314/371-6000

CR2E037 (12/95)