

FILE NOW: FILING FEE IS \$61.25

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**Feb 06 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 # N95000005677 (8)
1. Corporation Name

OPTIMIST INTERNATIONAL YOUTH PROGRAMS FOUNDATION, INC.



Principal Place of Business 4494 LINDELL BLVD. ST. LOUIS MO 63108	Mailing Address 4494 LINDELL BLVD. ST. LOUIS MO 63108
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3. Date Incorporated or Qualified 12/01/1995
4. FEI Number 43-1733736
Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input checked="" 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

9. Name and Address of Current Registered Agent

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

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

FL

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 checked="" type="checkbox"/> DELETE
NAME BOONE, J.C. JR	
STREET ADDRESS PO BOX 503	
CITY-ST-ZIP ALBEMARIE NC 28001	
TITLE D	<input type="checkbox"/> DELETE
NAME KATZ, CLIFTON I	
STREET ADDRESS 25611 TIMPANGOS AVE.	
CITY-ST-ZIP CALABASAS CA 91302	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MERCIER, JEAN	
STREET ADDRESS 942 GAUVIN ST.	
CITY-ST-ZIP CHAMBLY, PQ, J3L 1N6	
TITLE D	<input type="checkbox"/> DELETE
NAME SMITH, J WAYNE	
STREET ADDRESS 2523 GLEN LANE	
CITY-ST-ZIP INDEPENDENCE MO	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME WOOD, WILLIAM W	
STREET ADDRESS 3100 HARTFORD ST N #221	
CITY-ST-ZIP ST PETERSBURG FL	
TITLE ED	<input type="checkbox"/> DELETE
NAME LAWSON, STEPHEN P.	
STREET ADDRESS 4494 LINDELL BLVD	
CITY-ST-ZIP ST. LOUIS MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Smith, J. Wayne	
1.3 STREET ADDRESS 2523 Glen Lane	
1.4 CITY-ST-ZIP Independence, MO 64052	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME James H. Hubbard	
2.3 STREET ADDRESS 214 Old County Road	
2.4 CITY-ST-ZIP Severna Park, MD 21146	
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Clifton I. Katz	
3.3 STREET ADDRESS 25611 Timpangos Drive	
3.4 CITY-ST-ZIP Calabasas, CA 91302	
4.1 TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Roy R. Warmack, Jr.	
4.3 STREET ADDRESS Route 3, Box 589	
4.4 CITY-ST-ZIP Tallahassee, FL 32308	
5.1 TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME John D. Wallace	
5.3 STREET ADDRESS 112 Pinion Circle	
5.4 CITY-ST-ZIP Lafayette, LA 70508	
6.1 TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Lawson, Stephen P.	
6.3 STREET ADDRESS 4494 Lindell Blvd.	
6.4 CITY-ST-ZIP St. Louis, MO 63108	

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 address.

SIGNATURE: *Stephen P. Lawson*

CF2E037 (10/97)