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Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003597 (8)**  
1. Corporation Name

**THE OPTIMIST CLUB OF ALACHUA COUNTY, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 147050 #393  
GAINESVILLE FL 32614-7050

P.O. BOX 147050 #393  
GAINESVILLE FL 32614-7050

3. Date Incorporated or Qualified

**06/20/1997**

4. FEI Number

**91-1830555**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARNED, ROGER  
4158 NW 70TH STREET  
GAINESVILLE FL 32614-7050**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**P  
HARNED, ROGER  
4158 NW 70 ST  
GAINESVILLE FL 32606**

**VP  
ROBERTSON, SUSAN  
5610 NW 31 TERR  
GAINESVILLE FL 32653**

**VP  
MAGFORD, JOAN  
6816 NW 18 AVE  
GAINESVILLE FL 32653**

**S/T  
HAMBRIEL, CAROL  
9725 SW 1 PLACE  
GAINESVILLE FL 32607**

**D  
BERGADINE, RANDY  
3814 NW 43 ST  
GAINESVILLE FL 32606**

**D  
CAMPBELL, ANDREW  
1335 NW 99 TERR  
GAINESVILLE FL 32606**

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.

SIGNATURE:

*Roger D. Harned*

4-11-98

3523734423

CP2E037 (10/97)

## ADDITIONAL DIRECTORS

D

MOORE, LARRY  
2216 NW 5 PLACE  
GAINESVILLE FL 32603

ADDITION

D

PRICHER, JOHN  
2946 SW 40 AVE  
GAINESVILLE FL 32606

ADDITION

D

SNIDER-LATHAM, KATHRYN  
4012 NW 64 PLACE  
GAINESVILLE FL 32653

ADDITION

D

WILLIAMS, EARNEST  
3803 NE 11 TERR  
GAINESVILLE, FL 32609

ADDITION