

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731033

1. Corporation Name

THE OPTIMIST CLUB OF PLANT CITY, FLORIDA, INC.

Principal Place of Business

P.O. BOX 1755
PLANT CITY FL 33564

Mailing Address

C/O STEPHEN L. EVANS
104 N THOMAS ST
PLANT CITY FL 33566

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT 95

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or qualified	
21		26		11/01/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6155184	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
EVANS, STEPHEN L 104 N THOMAS ST PLANT CITY FL 33566				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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

October 8, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	ST
NAME	ARNOLD, JEFFREY W	1.2 NAME	ROGER LEE MITCHELL
STREET ADDRESS	2300 ASHLEY CT	1.3 STREET ADDRESS	501 E. VIRGINIA AVE
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	PLANT CITY FL 33566
TITLE	2VP	2.1 TITLE	PRESIDENT
NAME	WOODS, PAUL	2.2 NAME	
STREET ADDRESS	1702 HORSESHOE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33567	2.4 CITY-ST-ZIP	
TITLE	PPD	3.1 TITLE	2VP
NAME	KENNEDY, STEVE	3.2 NAME	BEN KNOK
STREET ADDRESS	5836 N DORMANY RD	3.3 STREET ADDRESS	1705 SAGEBROOK DR.
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	PLANT CITY FL 33567
TITLE	VP	4.1 TITLE	PPD
NAME	BYERS, DAVID	4.2 NAME	
STREET ADDRESS	1807 HITCHING POST PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	D
NAME	BATLEY, JEFF	5.2 NAME	
STREET ADDRESS	2626 BRIDLE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	VP
NAME	KNOTTS, ANDY	6.2 NAME	
STREET ADDRESS	701 N WARNELL ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

[Signature] SIGNATURE REQUIRED

10-8-99

(813) 754 1521

CR2E037 (11/98)