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Feb 05 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 # 704575 (0)

1. Corporation Name

THE OPTIMIST CLUB OF PANAMA CITY, INC.



Principal Place of Business

Mailing Address

3340 ROBINSON BAYOU CIRCLE
P.O. BOX 15295
PANAMA CITY FL 32406

3340 ROBINSON BAYOU CIRCLE
P.O. BOX 15295
PANAMA CITY FL 32406-5295

3. Date Incorporated or Qualified
09/26/1962

3a. Date of Last Report
03/06/1996

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

24

25

29

30

4. FEI Number
59-6138414

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

RATHBURN, CARLISLE
3340 ROBINSON BAYOU CIRCLE
PANAMA CITY FL 32405

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ROWLAND, GREG
STREET ADDRESS 1933 WEST ORLANDO ROAD
CITY-ST-ZIP PANAMA CITY FL

1.1 TITLE PPD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PPD ☒ DELETE
NAME MCQUAGGE, ANDY
STREET ADDRESS 2111 BRIARWOOD CIRCLE
CITY-ST-ZIP PANAMA CITY FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME SUTTER, FREDERICK P
2.3 STREET ADDRESS 965 ROSEMONT DR
2.4 CITY-ST-ZIP PANAMA CITY FL

TITLE VPD ☐ DELETE
NAME WALKER, JOYCE
STREET ADDRESS 603 MALAGA PLACE
CITY-ST-ZIP PANAMA CITY BEACH FL

3.1 TITLE PD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 17642 FRONT BEACH RD
3.4 CITY-ST-ZIP

TITLE VPD ☒ DELETE
NAME KEEN, LARRY
STREET ADDRESS 2928 STATE AVENUE
CITY-ST-ZIP PANAMA CITY FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME DAY, JAMES H
4.3 STREET ADDRESS 4228 GARRISON RD
4.4 CITY-ST-ZIP PANAMA CITY FL

TITLE STD ☐ DELETE
NAME RATHBURN, CARLISLE
STREET ADDRESS 3340 ROBINSON BAYOU CIRCLE
CITY-ST-ZIP PANAMA CITY FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GUSMUS, MARK
STREET ADDRESS 1700 NEW JERSEY AVENUE
CITY-ST-ZIP LYNN HAVEN FL

6.1 TITLE VPD ☒ Change ☐ 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: CARLISLE D. RATHBURN, JR. Sec/Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97 (904) 785-0584
Date Daytime Phone #

CR2E037 (9/96)