

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90018 030 \*\*\*\*61.25

**DOCUMENT # 704575**

1. Corporation Name

**THE OPTIMIST CLUB OF PANAMA CITY, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country **30**

3. Date Incorporated or Qualified

**09/26/1962**

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

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

**PD** ☐ DELETE  
TITLE  
NAME **STRANGE, HERBERT**  
STREET ADDRESS **4614 N. LAKEWOOD DR**  
CITY-ST-ZIP **PANAMA CITY FL 32404**

**VPD** ☐ DELETE  
TITLE  
NAME **SUTTER, FREDERICK P**  
STREET ADDRESS **965 ROSEMONT DR.**  
CITY-ST-ZIP **PANAMA CITY FL**

**PD** ☐ DELETE  
TITLE  
NAME **WALKER, JOYCE**  
STREET ADDRESS **17642 FRONT BCH RD.**  
CITY-ST-ZIP **PANAMA CITY BEACH FL**

**D** ☒ DELETE  
TITLE  
NAME **DAY, JAMES H.**  
STREET ADDRESS **4228 GARRISON RD.**  
CITY-ST-ZIP **PANAMA CITY FL**

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

**VPD** ☒ DELETE  
TITLE  
NAME **ACTON, MILTON**  
STREET ADDRESS **1606 LINDENWOOD DR**  
CITY-ST-ZIP **PANAMA CITY FL 32405**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**D** ☒ Change ☐ Addition  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**PD** ☐ Change ☒ Addition  
4.1 TITLE  
4.2 NAME **KURTZROCK, HARRY R.**  
4.3 STREET ADDRESS **7088 HUGH DR**  
4.4 CITY-ST-ZIP **PANAMA CITY, FL 32404**

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

**VPD** ☒ Change ☐ Addition  
6.1 TITLE  
6.2 NAME **HINSON, HERBERT**  
6.3 STREET ADDRESS **1208 STEPHEN DR**  
6.4 CITY-ST-ZIP **PANAMA CITY, FL 32405**

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: **W. S. HARRIS** **1-11-99** **80-265-5117**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)