2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all of

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Apr 07, 2004 8:00 am Secretary of State DOCUMENT # 704575 1. Entity Name 04-07-2004 90057 009 ****61.25 THE OPTIMIST CLUB OF PANAMA CITY, INC. Principal Place of Business Mailing Address 3340 ROBINSON BAYOU CIRCLE 3340 ROBINSON BAYOU CIRCLE P.O. BOX 15295 PANAMA CITY FL 32406 P.O. BOX 15295 PANAMA CITY FL 32406 54028492 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-6138414 Not Applicable Zio Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RATHBURN, CARLISLE Street Address (P.O. Box Number is Not Acceptable) 3340 ROBINSON BAYOU CIRCLE PANAMA CITY'FL 32405 City Zip Code .8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept tr≢ obligations of registered agent. SIGNATURE -Signature, typed or printed name of registered agent and litle if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to '\$5.00 May Be Trust Fund Contribution. \Box Florida Department of State Added to Fees Due By May 1, 2004 OFFICERS AND DIRECTORS DIRECTORS IN 10 10. 11. PPD TITLE # 1 Delete TITLE Change Addition WILLIAM E. MOREL MOREL, WILLIAM E JR NAME . NAME 1400 MASSACHUSETTS AV 1400 MASSACHUSETTS AVE STREET ADDRESS STREET ADDRESS LYNN HAVEN FL 32444 LYNN HAVEN, FL 32444 CITY-ST-ZIP CITY-ST-ZIP VPDChange TITLE Delete TITLE ☐ Addition JOYCE JONES SHAUD, ROBERT S NAME NAME 1524 KRAFT AVE 1400 MASSACHUSETTS AV STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 LYNN HAVEN, FL 32444 CfTY-ST-7IP CITY-ST-7IP STD TITI F Delete **Change** TITLE Addition CARLISLE B. RATHBURN WALKER, JOYCE -- -NAME NAME 21902 HIGH RIDGE DR STREET ADDRESS STREET ADDRESS 3340 ROBINSON BAYOU CR PANAMA CITY BEACH FL 32413 CITY-ST-ZIP PANAMA CITY, FL 32405 CfTY-ST-7IP **⊠** Delete · TITLE ☐ Addition TITLE DAY, JAMES H NAME ADAM W. DRYSDALE NAME 223 E BALDWIN RD STREET ADDRESS STREET ADDRESS 886 PREMIER DR PANAMA CITY FL 32405 CITY-ST-ZIP CITY-ST-7IP PANAMA CITY, FL 32401 TITLE Change ☐ Addition TID F Delete. RATHBURN, CARLISLE NAME NAME RICHARD B. TUGGLE 3340 ROBINSON BAYOU CIRCLE STREET ADDRESS STREET ADDRESS 122 QUEENS CR PANAMA CITY FL 32405 CITY-ST-ZIP CITY-ST-ZIP **Z** Delete TITLE ☐ Addition TITLE SCHAEFER, JEAN NAME NAME 803 W PIERSON DR STREET ADDRESS STREET ADDRESS LYNN HAVEN FL 32444 CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

FILED