

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704646 (9)

1. Corporation Name

OPTIMIST INTERNATIONAL MACFARLANE INC.



Principal Place of Business

3101 N. HOWARD AVE.
TAMPA FL 33607
US

Mailing Address

P.O. BOX 4902
TAMPA FL 33677
US

3. Date Incorporated or Qualified
10/12/1962

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6168859

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

ARCURI, NICK
1317 ZELLWOOD DRIVE
BRANDON FL 33511

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ARCURI, NICK
STREET ADDRESS 1317 ZELLWOOD DRIVE
CITY-ST-ZIP BRANDON FL

☐ DELETE

TITLE V
NAME BENITEZ, ARDILIO
STREET ADDRESS 2931 MAIN ST
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE ST
NAME CLUKEY, LLOYD E.
STREET ADDRESS 8516 CLAONIA STREET
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D
NAME LETO, FRANK
STREET ADDRESS 2619 ST. CONRAD STREET
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D
NAME PULEO, PETE
STREET ADDRESS 2702 W. BIRD ST.
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D
NAME ARCURI, LILLIAN
STREET ADDRESS 1317 ZELLWOOD DR
CITY-ST-ZIP BRANDON FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Ardilio Benitez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ardilio Benitez, Vice Pres.

02/06/96

Date

(813) 876-7148

Daytime Phone #

CR2E037 (12/95)