

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 # 705122 (0)

1. Corporation Name

THE BREAKFAST OPTIMIST CLUB OF DOWNTOWN TAMPA, FLORIDA, INCORPORATED



Principal Place of Business: % LAWRENCE SIEGEL, 8714 HIGHLAND AVE., TAMPA FL 33604
Mailing Address: % LAWRENCE SIEGEL, 8714 HIGHLAND AVE., TAMPA FL 33604

3. Date Incorporated or Qualified: 01/29/1963
3a. Date of Last Report: 02/10/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: 58-6168856
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: SIEGEL, LAWRENCE, 8714 HIGHLAND AVE., TAMPA FL 33604

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: D <input type="checkbox"/> DELETE	NAME: REID, THOMAS H. STREET ADDRESS: PO BOX 18092 N/A CITY - ST - ZIP: TAMPA FL
TITLE: V <input type="checkbox"/> DELETE	NAME: WEIDLER, RONALD W. STREET ADDRESS: 3705 KENSINGTON AVE CITY - ST - ZIP: TAMPA FL
TITLE: ST <input type="checkbox"/> DELETE	NAME: SIEGEL, LAWRENCE STREET ADDRESS: 8714 HIGHLAND AVE. CITY - ST - ZIP: TAMPA FL
TITLE: D <input type="checkbox"/> DELETE	NAME: DAVIS, IRENE STREET ADDRESS: 8001 N DALE MABRY #401B CITY - ST - ZIP: TAMPA FL
TITLE: D <input type="checkbox"/> DELETE	NAME: ULRICH, HERMAN STREET ADDRESS: 111 N BREVARD ST CITY - ST - ZIP: TAMPA FL
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: REID, THOMAS, H. STREET ADDRESS: 4438 WYOMING AVE CITY - ST - ZIP: TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: ERNST PAT STREET ADDRESS: 5105 ZION ST CITY - ST - ZIP: TAMPA, FLORIDA
21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Lawrence Siegel* 1-25-96 933-1929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)