

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705122** (0)

1. Corporation Name

**THE BREAKFAST OPTIMIST CLUB OF DOWNTOWN TAMPA, F  
LORIDA, INCORPORATED**

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

3. Date Incorporated or Qualified

**01/29/1963**

4. FEI Number

**58-6168856**

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	P	<input type="checkbox"/> DELETE
NAME	ERNST, PAT	
STREET ADDRESS	5105 ZION ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" 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		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice-Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mary A. Siegel	
1.3 STREET ADDRESS	8714 N. Highland Ave.	
1.4 CITY-ST-ZIP	Tampa, FL 33604	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:  PATRICIA ERNST 01/08/98 (813) 873-1908

CR2E037 (10/97)