


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **705483** (6)
1. Corporation Name
HIGH NOON OPTIMIST CLUB OF ST. PETERSBURG, INC.

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|--|--|
| Principal Place of Business | Mailing Address |
| C/O DARL D. SANDRIDGE 857 HILLSIDE CT. SOUTH ST. PETERSBURG FL 33705 | C/O DARL D. SANDRIDGE 857 HILLSIDE CT. SOUTH ST. PETERSBURG FL 33705 |

| | |
|--------------------------------|------------------------|
| 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 |

| | |
|---|-------------------------------|
| 3. Date Incorporated or Qualified 04/16/1963 | |
| 4. FEI Number 59-6166679 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A | |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| SANDRIDGE, DARL D. 857 HILLSIDE CT. SO ST. PETERSBURG FL 33705 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|----------------------------|------------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FREE, LAWRENCE R | 1.2 NAME | D. MOONVEENE HARSHMAN |
| STREET ADDRESS | 500 TYRONE BLVD N | 1.3 STREET ADDRESS | 1614 FAIRWAY OAKS DR |
| CITY-ST-ZIP | ST PETERSBURG, FL 00000 | 1.4 CITY-ST-ZIP | DALEWILLE FL 34221 |
| TITLE | ST <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SANDRIDGE, DARL D | 2.2 NAME | JAMES RIDINGS |
| STREET ADDRESS | 857 HILLSIDE CT S | 2.3 STREET ADDRESS | 14900 GOLF BLVD APT 407 |
| CITY-ST-ZIP | ST. PETERSBURG FL | 2.4 CITY-ST-ZIP | MADEIRA BEACH FL 33708 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRYE, LARRY | 3.2 NAME | |
| STREET ADDRESS | 1226 76TH STREET NORTH | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AULABAUGH, MICHAEL | 4.2 NAME | |
| STREET ADDRESS | 1510 SEAGULL DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SOUTH PASADENA FL | 4.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TUCKER, JOHN V. | 5.2 NAME | D |
| STREET ADDRESS | 2101 5TH AVENUE NORTH | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAILING, DAVID A | 6.2 NAME | |
| STREET ADDRESS | 2415 PELHAM RD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL | 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: Darl D. Sandridge **UENALD D. SANDRIDGE** 1-17-98 868 867-3602

CR2E037 (10/97)