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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705483

1. Corporation Name

HIGH NOON OPTIMIST CLUB OF ST. PETERSBURG, INC.

Principal Place of Business

C/O DARL D. SANDRIDGE
857 HILLSIDE CT. SOUTH
ST. PETERSBURG FL 33705

Mailing Address

C/O DARL D. SANDRIDGE
857 HILLSIDE CT. SOUTH
ST. PETERSBURG FL 33705



2. Principal Place of Business

21 **678-64TH AVE SO**

Suite, Apt. #, etc.

22 **St. Petersburg**

City & State

23 **FL 33705**

Zip

Country

2a. Mailing Address

27 **678-64TH AVE SO**

Suite, Apt. #, etc.

28 **St Petersburg FL**

City & State

29 **33705**

Zip

Country

30 **Pinellas**

3. Date Incorporated or Qualified

04/16/1963

4. FEI Number

59-6166679

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

9. Name and Address of Current Registered Agent

SANDRIDGE, DARL D.
857 HILLSIDE CT. SO
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 **William A. Stinson**
82 **678-64TH AVE SO**
83 **St Petersburg**
84 **FL** 85 **33705**

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 **William A. Stinson** **3/2/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FREE, LAWRENCE R	
STREET ADDRESS	500 TYRONE BLVD N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SANDRIDGE, DARL D	
STREET ADDRESS	857 HILLSIDE CT S	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRYE, LARRY	
STREET ADDRESS	1226 76TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AULABAUGH, MICHAEL	
STREET ADDRESS	1510 SEAGULL DRIVE	
CITY-ST-ZIP	SOUTH PASADENA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TUCKER, JOHN V.	
STREET ADDRESS	2101 5TH AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAILING, DAVID A	
STREET ADDRESS	2415 PELHAM RD	
CITY-ST-ZIP	ST PETERSBURG FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ST STINSON, WILLIAM A.
2.3 STREET ADDRESS	678-64TH AVE SO
2.4 CITY-ST-ZIP	ST PETERSBURG FL 33705
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 checked="" type="checkbox"/> Addition
4.2 NAME	JAMES C. RIDINGS
4.3 STREET ADDRESS	14900 GOLF BLVD NW
4.4 CITY-ST-ZIP	MADEIRA BEACH FL 33708
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, with all other like empowered.

SIGNATURE: **William A. Stinson** **3/2/99**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)