FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -3 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708064 (1)

1. Corporation Name

THE OPTIMIST CLUB OF RIVERSIDE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P. O. BOX 61525 JACKSONVILLE FL 32236-8525	P. O. BOX 61525 JACKSONVILLE FL 32236-8525

3. Date Incorporated or Qualified: 11/05/1964
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-3119087 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1666 WESTMINISTER AVE.	26 1666 WESTMINISTER AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: JACKSONVILLE, FL. 32210	28 City & State: JACKSONVILLE, FL.
24 Zip: 32210 25 Country: USA	29 Zip: 32210 30 Country: USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
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
CURTIS, DON T. 1666 WESTMINISTER AVENUE JACKSONVILLE FL 32210	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	DAVIS, JIM	12 NAME		
STREET ADDRESS	6080 MONROE SMITH RD	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	D	☑ Change ☐ Addition
NAME	ASSAF, ALI Y.	22 NAME		
STREET ADDRESS	1605 WOODMERE DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE	P/D	☑ Change ☐ Addition
NAME	DRINKWATER, DS	32 NAME		
STREET ADDRESS	1783 OLEANDER PL.	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	CURTIS, DON T.	42 NAME		
STREET ADDRESS	1666 WESTMINISTER AVE	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	V/D	☑ Change ☐ Addition
NAME	DOLES, ROGER D.	52 NAME		
STREET ADDRESS	1647 MOUNT VERNON DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MARTIN, NICK G.	62 NAME		
STREET ADDRESS	4722 ATTLEBORO ST.	63 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	64 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)(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: Don T. Curtis, Secretary (DON T. CURTIS) 3/2/95 (904) 786-6519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036170