

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709472** (5)

1. Corporation Name

THE OPTIMIST CLUB OF SEMINOLE, INC.

Principal Place of Business

Mailing Address

**915 E OSBORNE AVE
TAMPA FL 33603
US**

**PO BOX 8123
TAMPA FL 33674
US**



3. Date Incorporated or Qualified

08/19/1965

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

**ORDIWAY, ALVIN L. JR.
15847 MARTHA CIR
LUTZ FL 33549**

10. Name and Address of New Registered Agent

81 Name

Alvin Ordiway Sr.

82 Street Address (P.O. Box Number is Not Acceptable)

6401 Riverbend Cir.

83

84 City

Tampa

FL

85 Zip Code

33610

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

Alvin Ordiway Sr.

Alvin Ordiway Sr.

1/22/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ORDIWAY, ALVIN SR.	
STREET ADDRESS	6401 RIVERBEND CIR	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEARD, RICHARD	
STREET ADDRESS	304 COCO RIDGE DR #101	
CITY-ST-ZIP	BRADENTON FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ORDIWAY, ALVIN JR.	
STREET ADDRESS	5641 SHELLEY LN	
CITY-ST-ZIP	WESLEY CHAPEL FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BREX Brown	
1.3 STREET ADDRESS	5004 Reece Rd	
1.4 CITY-ST-ZIP	Plant City, FL 33567	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David Bachtel	
2.3 STREET ADDRESS	4219 N. Sandlewood	
2.4 CITY-ST-ZIP	Tampa, FL 33617	

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:

Alvin Ordiway Sr.

Alvin Ordiway Sr. 1/22/98 813/626/4362

CR2E037 (10/97)