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CORPORATION
ANNUAL REPORT
1995

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

95 FEB -6 PM 12:20

DOCUMENT # 712294 (8)

1. Corporation Name
THE OPTIMIST CLUB OF MARIANNA, FLORIDA, INC.

Principal Place of Business	Mailing Address
4334 6TH AVENUE P. O. BOX 943 MARIANNA FL 32447	4334 6TH AVENUE P. O. BOX 943 MARIANNA FL 32447

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1967
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-6178206 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2998 Caledonia St	26 2998 Caledonia St
Suite, Apt. #, etc. 22 P.O. Box 943	Suite, Apt. #, etc. 27 P.O. Box 943
City & State 23 MARIANNA FL	City & State 28 MARIANNA FL
Zip 24 32447 Country 25	Zip 29 32447 Country 30

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

WILLIAMS, HUBERT W.
4334 6TH AVENUE
MARIANNA FL 32446

10. Name and Address of New Registered Agent

81 Name: SWAILS, JAMES L.
82 Street Address (P.O. Box Number is Not Acceptable): 2998 Caledonia St.
83: Rep
84 City: MARIANNA FL 85 Zip Code: 32446

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: James L Swails (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 1-17-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE	William E. Wimberly	☒ Change ☐ Addition
NAME	JAMES A GIBBS	1.2 NAME		
STREET ADDRESS	2633 INDIAN SPRINGS RD	1.3 STREET ADDRESS	3808 Parkridge Rd.	
CITY-ST-ZIP	MARIANNA FL 32441	1.4 CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	P, D	2.1 TITLE	D.	☐ Change ☐ Addition
NAME	RALPH W. HARRISON	2.2 NAME	Ralph W Harrison	
STREET ADDRESS	2993 RUSS RD	2.3 STREET ADDRESS	2993 Russ Rd.	
CITY-ST-ZIP	MARIANNA FL 32441	2.4 CITY-ST-ZIP	MARIANNA, FL 32441	
TITLE	D	3.1 TITLE	D.	☐ Change ☐ Addition
NAME	RANDY K. REAM	3.2 NAME	Randy K. Ream	
STREET ADDRESS	2407 STONEWOOD DR	3.3 STREET ADDRESS	2407 Stonewood Dr.	
CITY-ST-ZIP	DOTHAN AL 36301	3.4 CITY-ST-ZIP	Dothan, AL 36301	
TITLE	P	4.1 TITLE	P.	☒ Change ☐ Addition
NAME	MELVIN, THOMAS L.	4.2 NAME	Huang, Paul	
STREET ADDRESS	4010 OLD COTTONDALE RD	4.3 STREET ADDRESS	4642 River Rd	
CITY-ST-ZIP	MARIANNA FL	4.4 CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	TS	5.1 TITLE	TS	☒ Change ☐ Addition
NAME	WILLIAMS, HUBERT W.	5.2 NAME	James L. Swails	
STREET ADDRESS	4334 6TH AVENUE	5.3 STREET ADDRESS	2998 Caledonia St	
CITY-ST-ZIP	MARIANNA FL	5.4 CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: James L Swails (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 1-17-95 (904) 526-4690 (Telephone Number)

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