

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 712294 (8)
1. Corporation Name
THE OPTIMIST CLUB OF MARIANNA, FLORIDA, INC.



Principal Place of Business

Mailing Address

2998 CALEDONIA ST.
P.O. BOX 943
MARIANNA FL 32447
US

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P.O. BOX 943
MARIANNA FL 32447
US

3. Date Incorporated or Qualified

02/21/1967

3a. Date of Last Report

02/06/1995

4. FEI Number

59-6178206

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWAILS, JAMES L.
2998 CALEDONIA ST.
MARIANNA FL 32446

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME WIMBERLY, WILLIAM E.
STREET ADDRESS 3808 PARKRIDGE RD.
CITY-ST-ZIP MARIANNA FL

1.1 TITLE V ☒ Change ☐ Addition
1.2 NAME Wimberly, William E.
1.3 STREET ADDRESS 3808 Parkridge Rd
1.4 CITY-ST-ZIP MARIANNA, FL

TITLE D ☒ DELETE
NAME HARRISON, RALPH W.
STREET ADDRESS 2993 ROSS RD.
CITY-ST-ZIP MARIANNA FL

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME Harrison Ralph W
2.3 STREET ADDRESS 2993 Ross Rd
2.4 CITY-ST-ZIP MARIANNA FL

TITLE D ☐ DELETE
NAME RANDY K. REAM
STREET ADDRESS 2407 STONEWOOD DR
CITY-ST-ZIP DOTHAN AL 36301

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE P ☒ DELETE
NAME HUANG, PAUL
STREET ADDRESS 4642 RIVER RD.
CITY-ST-ZIP MARIANNA FL

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Huang Paul
4.3 STREET ADDRESS 4642 River Rd
4.4 CITY-ST-ZIP MARIANNA FL

TITLE TS ☐ DELETE
NAME SWAILS, JAMES L.
STREET ADDRESS 2998 CALEDONIA ST.
CITY-ST-ZIP MARIANNA FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Warren Almand
5.3 STREET ADDRESS 4980 Flynt Dr
5.4 CITY-ST-ZIP MARIANNA, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Bontrager, Daniel
6.3 STREET ADDRESS 1818 Hwy 71
6.4 CITY-ST-ZIP MARIANNA, FL

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)(k), 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 James L. Swails 1-16-96 (904) 526-4690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)