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FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
US2998 CALEDONIA ST.
P.O. BOX 943
MARIANNA FL 32447-0943
US

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

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/21/1967

3a. Date of Last Report

01/17/1996

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

TITLE V ☒ DELETE
NAME WIMBERLY, WILLIAM E.
STREET ADDRESS 3808 PARKRIDGE RD.
CITY-ST-ZIP MARIANNA FLTITLE P ☐ DELETE
NAME HARRISON, RALPH W.
STREET ADDRESS 2993 ROSS RD.
CITY-ST-ZIP MARIANNA FLTITLE D ☐ DELETE
NAME RANDY K. REAM
STREET ADDRESS 2407 STONEWOOD DR
CITY-ST-ZIP DOTHAN AL 36301TITLE D ☒ DELETE
NAME HUANG, PAUL
STREET ADDRESS 4642 RIVER RD.
CITY-ST-ZIP MARIANNA FLTITLE TS ☐ DELETE
NAME SWAILS, JAMES L.
STREET ADDRESS 2998 CALEDONIA ST.
CITY-ST-ZIP MARIANNA FLTITLE D ☐ DELETE
NAME ALMAND, WARREN
STREET ADDRESS 4980 FLYNT DR
CITY-ST-ZIP MARIANNA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME RANDY K REAM
1.3 STREET ADDRESS 2407 STONEWOOD DR
1.4 CITY-ST-ZIP DOTHAN AL 363012.1 TITLE D ☒ Change ☐ Addition
2.2 NAME HARRISON RALPH W
2.3 STREET ADDRESS 2993 ROSS RD
2.4 CITY-ST-ZIP MARIANNA FL 324463.1 TITLE V/D ☐ Change ☒ Addition
3.2 NAME John Megathlin
3.3 STREET ADDRESS 4415 LUCIEN ST
3.4 CITY-ST-ZIP MARIANNA FL 324464.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Charles Brasher
4.3 STREET ADDRESS 4672 SHAWNEE DR
4.4 CITY-ST-ZIP MARIANNA FL 324465.1 TITLE D ☐ Change ☒ Addition
5.2 NAME William H. Long
5.3 STREET ADDRESS 4440 CAUTCHFIELD DR
5.4 CITY-ST-ZIP MARIANNA FL 324466.1 TITLE V/D ☐ Change ☒ Addition
6.2 NAME Donald R Myers
6.3 STREET ADDRESS 4971 DOGWOOD DR
6.4 CITY-ST-ZIP MARIANNA FL 3244614. I do 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: James L. Swails James L. Swails 1-10-97 (904) 526-4690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 6010207

CR2E037 (9/96)