

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **712294** (8)

1. Corporation Name

**THE OPTIMIST CLUB OF MARIANNA, FLORIDA, INC.**



Principal Place of Business <b>2998 CALEDONIA ST. P.O. BOX 943 MARIANNA FL 32447 US</b>	Mailing Address <b>2998 CALEDONIA ST. P.O. BOX 943 MARIANNA FL 32447 US</b>
--------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
---------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>02/21/1967</b>	4. FEI Number <b>59-6178206</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>NA</b>		

9. Name and Address of Current Registered Agent <b>SWAILS, JAMES L. 2998 CALEDONIA ST. MARIANNA FL 32446</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 *James L. Swails* **James L. Swails** **1-12-98**  
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 <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>REAM, RANDY K.</b>	
STREET ADDRESS <b>2407 STONEWOOD DR.</b>	
CITY-ST-ZIP <b>DOTHAN AL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HARRISON, RALPH W.</b>	
STREET ADDRESS <b>2993 ROSS RD.</b>	
CITY-ST-ZIP <b>MARIANNA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>RANDY K. REAM</b>	
STREET ADDRESS <b>2407 STONEWOOD DR</b>	
CITY-ST-ZIP <b>DOTHAN AL 36301</b>	
TITLE <b>VO</b>	<input type="checkbox"/> DELETE
NAME <b>MEGATHLIN, JOHN</b>	
STREET ADDRESS <b>4415 LUCLEN STREET</b>	
CITY-ST-ZIP <b>MARIANNA FL</b>	
TITLE <b>TS</b>	<input type="checkbox"/> DELETE
NAME <b>SWAILS, JAMES L.</b>	
STREET ADDRESS <b>2998 CALEDONIA ST.</b>	
CITY-ST-ZIP <b>MARIANNA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>ALMAND, WARREN</b>	
STREET ADDRESS <b>4980 FLYNT DR</b>	
CITY-ST-ZIP <b>MARIANNA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Myers DONALD R</b>	
1.3 STREET ADDRESS <b>4971 Dogwood DR</b>	
1.4 CITY-ST-ZIP <b>MARIANNA, FL 32446</b>	
2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>EVERETT, Eddie M</b>	
2.3 STREET ADDRESS <b>2841 HAWK ST</b>	
2.4 CITY-ST-ZIP <b>MARIANNA FL 32446</b>	
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: *James L. Swails* **1-12-98** **850-526-4690**

CR2E037 (10/97)