

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90016 033 \*\*\*\*61.25

0010543

**DOCUMENT # 712294**

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/21/1967

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-6178206

Applied For

Not Applicable

23 City &amp; State

27 City &amp; State

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

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 P  
NAME MYERS, DONALD R  
STREET ADDRESS 4971 DOGWOOD DR  
CITY-ST-ZIP MARIANNA FL 32446 ☒ DELETE1.1 TITLE P  
1.2 NAME ALMAND, WARREN  
1.3 STREET ADDRESS 4980 FLYNT DR  
1.4 CITY-ST-ZIP MARIANNA FL 32446 ☒ Change ☐ AdditionTITLE D  
NAME EVERETT, EDDIE M  
STREET ADDRESS 2841 HAWK ST  
CITY-ST-ZIP MARIANNA FL 32448 ☐ DELETE2.1 TITLE VP  
2.2 NAME CHARLES W DAVIS JR  
2.3 STREET ADDRESS 3192 FISH HATCHERY RD  
2.4 CITY-ST-ZIP MARIANNA FL 32446 ☐ Change ☒ AdditionTITLE D  
NAME RANDY K. REAM  
STREET ADDRESS 2407 STONEWOOD DR  
CITY-ST-ZIP DOTHAN AL 36301 ☒ DELETE3.1 TITLE VP  
3.2 NAME JAMES A GIBBS  
3.3 STREET ADDRESS 2633 INDIAN SPRINGS  
3.4 CITY-ST-ZIP MARIANNA FL 32446 ☐ Change ☒ AdditionTITLE VD  
NAME MEGATHLIN, JOHN  
STREET ADDRESS 4415 LUCLEN STREET  
CITY-ST-ZIP MARIANNA FL ☒ DELETE4.1 TITLE D  
4.2 NAME RONALD G WARD  
4.3 STREET ADDRESS 2934 SPRING CHASE LANE  
4.4 CITY-ST-ZIP MARIANNA FL 32446 ☐ Change ☒ AdditionTITLE TS  
NAME SWAILS, JAMES L.  
STREET ADDRESS 2998 CALEDONIA ST.  
CITY-ST-ZIP MARIANNA FL ☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D  
NAME ALMAND, WARREN  
STREET ADDRESS 4980 FLYNT DR  
CITY-ST-ZIP MARIANNA FL ☒ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)