

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 722788 (7)  
1. Corporation Name  
THE OPTIMIST CLUB OF HALIFAX, DAYTONA BEACH, FLO  
RIDA, INC.

Principal Place of Business Mailing Address  
483 N. BEACH ST.  
ORMOND BEACH FL 32174  
483 N. BEACH ST  
ORMOND BEACH FL 32174  
US



000001940480

-09/06/96--01003--006

\*\*\*\*\*61-25 \*\*\*\*\*61-25

3. Date Incorporated or Qualified 02/28/1972 3a. Date of Last Report 05/01/1995  
4. FEI Number 23-7157492 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

GLOVER, PETER M.  
483 NORTH BEACH ST.  
ORMOND BCH. FL 32074

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 NAME STREET ADDRESS CITY-ST-ZIP  
1. ST GLOVER, PETER 483 N. BEACH ST. ORMOND BCH. FL  
2. ~~BURNETT, BOB~~ 108 MASON PARK DR. DAYTONA BCH. FL  
3. COOPER BETTY 5 FISHERMANS CIRCLE # 5 ORMOND BEACH FL 32174  
4. COOPER KEN 5 FISHERMANS CIRCLE # 5 ORMOND BEACH FL 32174  
5. ☐ DELETE  
6. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME Jay Young  
1.3 STREET ADDRESS P.O. Box 187  
1.4 CITY-ST-ZIP Daytona Beach, FL 32115-0187  
2.1 TITLE Vice-President ☒ Change ☐ Addition  
2.2 NAME Bill Mann  
2.3 STREET ADDRESS 1210 Parkside Dr.  
2.4 CITY-ST-ZIP ORMOND BEACH, FL 32174  
3.1 TITLE DIRECTOR ☐ Change ☒ Addition  
3.2 NAME BOB BURNETTE  
3.3 STREET ADDRESS 108 MASON PARK DRIVE  
3.4 CITY-ST-ZIP DAYTONA BEACH, FL 32114  
4.1 TITLE DIRECTOR ☐ Change ☒ Addition  
4.2 NAME KEN COOPER  
4.3 STREET ADDRESS 5 FISHERMANS CIRCLE, #5  
4.4 CITY-ST-ZIP ORMOND BEACH, FL 32174  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter M. Glover - Secretary/Treasurer

8/2/96  
Date

904-6739146  
Daytime Phone

0001378

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