

FILED

Aug 12 1998 8:00am
Secretary of State

<p>NONPROFIT CORPORATION ANNUAL REPORT 1998</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # 722788 (7)
1. Corporation Name
THE OPTIMIST CLUB OF HALIFAX, DAYTONA BEACH, FLORIDA, INC.

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

2. Principal Place of Business		2a. Mailing Address	
21	1210 PARKSIDE DR. Suite, Apt. #, etc.	26	1210 PARKSIDE DR. Suite, Apt. #, etc.
22	ORMOND BCH FL City & State	27	ORMOND BCH, FL City & State
23	Zip	28	Zip
24	32174	29	32174
25	USA	30	USA

3. Date Incorporated or Qualified 02/28/1972		
4. FEI Number 23-7157492	Applied For	
	Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No		

9. Name and Address of Current Registered Agent	
GLOVER, PETER M. 483 NORTH BEACH ST. ORMOND BCH. FL 32074	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent

ss (P.O. Box Number Is Not Acceptable)

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	ST		DELETE
NAME	GLOVER, PETER		
STREET ADDRESS	483 N. BEACH ST.		
CITY - ST - ZIP	ORMOND BCH. FL		
TITLE	P + D	<input type="checkbox"/>	DELETE
NAME	YOUNG, JAY		
STREET ADDRESS	PO BOX 187 N/A		
CITY - ST - ZIP	DAYTONA BEACH FL		
TITLE	D	<input checked="" type="checkbox"/>	DELETE
NAME	COOPER BETTY		
STREET ADDRESS	5 FISHERMANS CIRCLE # 5		
CITY - ST - ZIP	ORMOND BEACH FL 32174		
TITLE	VP + D		DELETE
NAME	MANN, BILL		
STREET ADDRESS	1210 PARKSIDE DRIVE		
CITY - ST - ZIP	ORMOND BEACH FL 32174		
TITLE	D	<input type="checkbox"/>	DELETE
NAME	BURNETTE, BOB		
STREET ADDRESS	108 MASON PARK DRIVE		
CITY - ST - ZIP	DAYTONA BEACH FL 32114		
TITLE	D	<input checked="" type="checkbox"/>	DELETE
NAME	COOPER, KEN		
STREET ADDRESS	5 FISHEMANS CIRCLE #5		
CITY - ST - ZIP	ORMOND BEACH FL 32174		

13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP D + VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	GLOVER, PETER		
1.3 STREET ADDRESS	483 NORTH BEACH ST.		
1.4 CITY - ST - ZIP	ORMOND BCH, FL. 32174		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
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	ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	MANN, BILL		
4.3 STREET ADDRESS	1210 PARKSIDE DRIVE		
4.4 CITY - ST - ZIP	ORMOND BEACH, FL. 32174		
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: 6511 732 6 SECY TREAS 7/6/68 ON 11-173-14715

CP2E037 (10/97)