FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -3 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732417 (1)

1. Corporation Name

COASTAL OPTIMIST CLUB OF WAKULLA, FLORIDA, INC.

Principal Place of Business	Mailing Address
RT. 1 BOX 3187 PO BOX 836 PANACEA FL 32346	RT. 1 BOX 3187 PO BOX 836 PANACEA FL 32346

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1975
3a. Date of Last Report: 02/17/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARTER, J. MICHAEL
COURT HOUSE SQ.
CRAWFORDVILLE FL

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
*Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☐ Change ☒ Addition
NAME	CARTER, R.H.	12 NAME	DICKSON, WALTER B.	
STREET ADDRESS	P.O. BOX 566, HIGHWAY 98 N/A	13 STREET ADDRESS	RT 3 BOX 5176	
CITY-ST-ZIP	CRAWFORDVILLE FL	14 CITY-ST-ZIP	CRAWFORDVILLE, FL	
TITLE	S	21 TITLE	T	☐ Change ☒ Addition
NAME	SANDERS, WILLIAM M.	22 NAME	TAYLOR, JEANNIE BROCK	
STREET ADDRESS	P.O. BOX 265, 627 PORT LEON DR.	23 STREET ADDRESS	P.O. BOX 614 N/A	
CITY-ST-ZIP	ST. MARKS FL	24 CITY-ST-ZIP	PANACEA, FL	
TITLE	P	31 TITLE	D	☒ Change ☐ Addition
NAME	VERSIGA, WILLIAM F.	32 NAME	VERSIGA, WILLIAM F.	
STREET ADDRESS	P.O. BOX 393 N/A	33 STREET ADDRESS	P.O. BOX 393 N/A	
CITY-ST-ZIP	CRAWFORDVILLE FL	34 CITY-ST-ZIP	CRAWFORDVILLE, FL	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	MCKENZIE, GRADY F.	42 NAME		
STREET ADDRESS	P.O. BOX 879 N/A	43 STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 the 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: William M. Versiga Secretary 2-23-95 904-925-6126
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0020129