


FILE NOW: FILING FEE IS \$61.25

FILED

Sep 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732417** (1)
1. Corporation Name
COASTAL OPTIMIST CLUB OF WAKULLA, FLORIDA, INC.



Principal Place of Business RT. 1 BOX 3187 PO BOX 836 PANACEA FL 32348	Mailing Address RT. 1 BOX 3187 PO BOX 836 PANACEA FL 32348-0836
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3. Date Incorporated or Qualified 04/10/1975	3a. Date of Last Report 03/15/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number NOT APPLICABLE 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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, R.H.	1.2 NAME	Josh Rosen
STREET ADDRESS	P.O. BOX 586, HIGHWAY 98 N/A	1.3 STREET ADDRESS	P.O. Box 294, Hwy. 98
CITY-ST-ZIP	CRAWFORDVILLE FL	1.4 CITY-ST-ZIP	Panacea, Florida 32346
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, DALYNDA S	2.2 NAME	
STREET ADDRESS	RT 28 BOX 1625	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERSIGA, WILLIAM F.	3.2 NAME	
STREET ADDRESS	P.O. BOX 393 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERSIGA, WILLIAM F	4.2 NAME	
STREET ADDRESS	BOX 393	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKSON, WALTER B.	5.2 NAME	
STREET ADDRESS	RT 3 BOX 5178	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JEANNIE BROCK	6.2 NAME	
STREET ADDRESS	PO BOX 614 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL	6.4 CITY-ST-ZIP	

14. I do 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

[Signature]

4/30/97 904-9216-7111

CR2E037 (9/96)