

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 738303 (7)  
1. Corporation Name  
NORTH EAST OPTIMIST CLUB OF SARASOTA, INC.



Principal Place of Business  
2067 MAIN STREET  
SARASOTA FL 34237-6038

Mailing Address  
2067 MAIN STREET  
SARASOTA FL 34237-6038

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br>03/08/1977   | 3a. Date of Last Report<br>03/01/1995                  |
| 4. FEI Number<br>59-0523343   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   | \$5.00 May Be Added to Fees                            |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

9. Name and Address of Current Registered Agent

DICKSON, GEORGE JR.  
2067 MAIN STREET  
SARASOTA FL 34237

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          | D                             | <input type="checkbox"/> DELETE            |
| NAME           | RAY, RICK                     |  |
| STREET ADDRESS | 813 PLYMOUTH STREET           |  |
| CITY-ST-ZIP    | SARASOTA FL                   |  |
| TITLE          | VS                            | <input type="checkbox"/> DELETE            |
| NAME           | GROOM, DAVID                  |  |
| STREET ADDRESS | 526 CUMMINGS ST               |  |
| CITY-ST-ZIP    | SARASOTA FL                   |  |
| TITLE          | T                             | <input type="checkbox"/> DELETE            |
| NAME           | JOHNSTON, DAVID W.            |  |
| STREET ADDRESS | 1621 MEMORY LANE              |  |
| CITY-ST-ZIP    | SARASOTA FL                   |  |
| TITLE          | D                             | <input checked="" type="checkbox"/> DELETE |
| NAME           | <del>ROLLINS, REED</del>      |  |
| STREET ADDRESS | <del>3508 SUNBEAM DRIVE</del> |  |
| CITY-ST-ZIP    | <del>SARASOTA FL</del>        |  |
| TITLE          | P                             | <input type="checkbox"/> DELETE            |
| NAME           | LAHAIE, RONALD                |  |
| STREET ADDRESS | 1826 ROLAND ST.               |  |
| CITY-ST-ZIP    | SARASOTA FL                   |  |
| TITLE          | D                             | <input type="checkbox"/> DELETE            |
| NAME           | PERRYMAN, PETER               |  |
| STREET ADDRESS | 2122 IVORY PLACE              |  |
| CITY-ST-ZIP    | SARASOTA FL                   |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 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          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | D  |
| 4.3 STREET ADDRESS | George Dickson, Jr.  |
| 4.4 CITY-ST-ZIP    | 2067 Main Street<br>Sarasota, FL 34237                                       |
| 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 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

*[Signature]*  
DAVID W. JOHNSTON

4/24/96 941-346-3159  
Date Daytime Phone #

CR2E037 (12/95)