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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:25

DOCUMENT # **741338** **(8)**

1. Corporation Name

OPTIMIST CLUB OF EAST PENSACOLA, INC.

Principal Place of Business	Mailing Address
5605 VESTAVIA LANE PENSACOLA FL 32526-0458	5605 VESTAVIA LANE PENSACOLA FL 32526-0458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/12/1978**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1762926** ☐ 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
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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUNDLEY, WALTER J 1731 TEN MILE RD CANTONMENT FL 32533	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 _____ (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	V *	11 TITLE	~~Vice President~~ Director	☐ Change ☑ Addition
NAME	RAY, CAROLYN	12 NAME	Phil Woolley	
STREET ADDRESS	3510 FORESTONE BLVD	13 STREET ADDRESS	609 Moreno St	
CITY ST ZIP	PENSACOLA FL	14 CITY ST ZIP	Pensacola, FL. 32501	
TITLE	V	21 TITLE	Director	☐ Change ☐ Addition
NAME	COYLE, JOHN	22 NAME	Coyle, John	
STREET ADDRESS	456 E BURGESS	23 STREET ADDRESS	456 E. Burgess Rd.	
CITY ST ZIP	PENSACOLA FL	24 CITY ST ZIP	Pensacola, Fl	
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	CROWE, LINDA V	32 NAME		
STREET ADDRESS	380 E BURGESS RD	33 STREET ADDRESS		
CITY ST ZIP	PENSACOLA FL	34 CITY ST ZIP		
TITLE	D	41 TITLE	Director	☐ Change ☑ Addition
NAME	WADSWORTH, JIM	42 NAME	Wanda Wadsworth D	
STREET ADDRESS	3850 SUMMER DRIVE	43 STREET ADDRESS	3850 Summer Drive	
CITY ST ZIP	PENSACOLA FL	44 CITY ST ZIP	Pensacola, Fl 32504	
TITLE	P	51 TITLE		☐ Change ☐ Addition
NAME	HUNDLEY, WALTER J	52 NAME		
STREET ADDRESS	1731 TEN MILE RD	53 STREET ADDRESS		
CITY ST ZIP	CANTONMENT FL	54 CITY ST ZIP		
TITLE	D	61 TITLE	Pres/Vice President	☐ Change ☑ Addition
NAME	FOLKER, TOM	62 NAME		
STREET ADDRESS	308 WILIAMBURY DR	63 STREET ADDRESS	3650 Baisden Rd	
CITY ST ZIP	GULF BREEZE FL	64 CITY ST ZIP	Pensacola, FL 32503	

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 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: Linda V. Crowe Linda V. Crowe Secretary/Treasurer 4/28/95 904-476-2916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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