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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05527 (9)

1. Corporation Name

SUNCOAST OPTIMIST CLUB OF SARASOTA, INC.

Principal Place of Business

2221 2ND ST
SARASOTA FL 34237
US

Mailing Address

PO BOX 1182
SARASOTA FL 34230-1182
US3. Date Incorporated or Qualified
10/08/19843a. Date of Last Report
02/19/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2062290

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, ROBERT L
517 SECOND STREET WEST
BRADENTON FL 34205

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 ☒ DELETE
NAME JACKSON, JEFFREY H
STREET ADDRESS 3715-75TH AVENUE DRIVE EAST
CITY-ST-ZIP SARASOTA FLTITLE SD ☐ DELETE
NAME KLEIN, DOROTHY S
STREET ADDRESS 1015-12TH AVENUE WEST #35
CITY-ST-ZIP PALMETTO FLTITLE TD ☐ DELETE
NAME KELSO, H GEAN
STREET ADDRESS 3116 53RD ST
CITY-ST-ZIP SARASOTA FLTITLE VD ☒ DELETE
NAME NEAL, HARRY C
STREET ADDRESS 3116-53RD STREET
CITY-ST-ZIP SARASOTA FLTITLE D ☐ DELETE
NAME BINZ, BARRY
STREET ADDRESS 227 GRANT DRIVE
CITY-ST-ZIP SARASOTA FLTITLE PD ☐ DELETE
NAME JOHNSON, BARBARA
STREET ADDRESS 3656 KINGSTON BLVD
CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME SCHROCK, LOU
1.3 STREET ADDRESS 202 SUNWAY AVENUE
1.4 CITY-ST-ZIP SARASOTA FL 342372.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE VD ☐ Change ☒ Addition
4.2 NAME PROFFITT, GEOFFREY H.
4.3 STREET ADDRESS 2105 SOUTH BRINK AVENUE
4.4 CITY-ST-ZIP SARASOTA FL 342395.1 TITLE VD ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE D ☒ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0062772

CR2E037 (9/96)