

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90035 023 ****61.25

0072738

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15091

1. Corporation Name

THE OPTIMIST CLUB OF DUNEDIN, FLORIDA, INC.

Principal Place of Business

596 BAYWOOD DR. N
DUNEDIN FL 34698
US

Mailing Address

PO BOX 1731
DUNEDIN FL 34697-1731



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/23/1986

4. FEI Number

59-2573583

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

9. Name and Address of Current Registered Agent

WALSTON, JAY
2032 PRINCETON AVE.
DUNEDIN FL 34698

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

2-10-1999

12. OFFICERS AND DIRECTORS

TITLE PST
NAME WALSTON, JAY
STREET ADDRESS 2032 PRINCETON AVE.
CITY-ST-ZIP DUNEDIN FL

TITLE D
NAME NYSTROM, PAUL H
STREET ADDRESS 1665 CINNAMON LANE
CITY-ST-ZIP DUNEDIN FL

TITLE D
NAME AULETA, VINCENT S.
STREET ADDRESS 1661 DOUGLAS AVE.
CITY-ST-ZIP DUNEDIN FL

TITLE D
NAME O'CONNEL
STREET ADDRESS 2456 BAYWOOD DR. W
CITY-ST-ZIP DUNEDIN FL

TITLE D
NAME LONGEST, ELMER D.
STREET ADDRESS 1451 MAIN ST.
CITY-ST-ZIP DUNEDIN FL

TITLE D
NAME TOSCANI, CAROL C.
STREET ADDRESS 2182 CHANTILLY LANE
CITY-ST-ZIP DUNEDIN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-1999

Date

727-733-8372

Daytime Phone #

CR2E037 (1/98)