


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21340 (7)
1. Corporation Name
OPTIMIST CLUB OF SAN CARLOS PARK FLORIDA, INC.

Principal Place of Business P.O. BOX 1141 ESTERO FL 33928	Mailing Address P.O. BOX 1141 ESTERO FL 33928
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**PAUL G. STATHAM
18484 TAMPA RD. S.E.
RT. 11
FT. MYERS FL 33912**

3. Date Incorporated or Qualified 06/26/1987	4. FEI Number 59-2784313	Applied For <input type="checkbox"/> 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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		


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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED HERTOG	1.2 NAME	
STREET ADDRESS	18549 WINTER HAVEN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXLEY, TED	2.2 NAME	BAXLEY TED
STREET ADDRESS	18540 BARTOW RD.	2.3 STREET ADDRESS	18540 BARTOW RD
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEETH, DWAYNE	3.2 NAME	PRESD DWAYNE
STREET ADDRESS	18219 CONSTITUTION CIRCLE	3.3 STREET ADDRESS	18219 CONSTITUTION CIR
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	RT MYERS, FL 33912
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STATHAM, PAUL G	4.2 NAME	STATHAM, PAUL G.
STREET ADDRESS	18484 TAMPA RD	4.3 STREET ADDRESS	18484 TAMPA RD
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	FT MYERS FL 33912
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STATHAM, LORRAINE	5.2 NAME	
STREET ADDRESS	18484 TAMPA RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33912	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  4-13-98

CR2E037 (10/97)