

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N25626 (5)
1. Corporation Name
THE OPTIMIST CLUB OF LYNN HAVEN, FLORIDA, INC.



Principal Place of Business Mailing Address
P O BOX 521 LYNN HAVEN FL 32444 P O BOX 521 LYNN HAVEN FL 32444

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/28/1988		02/01/1995	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-2864609		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		29		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26		30		8. 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			
BANKS, DONALD J. 434 MAGNOLIA AVENUE PANAMA CITY FL 32401				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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURT, BOBBY	1.2 NAME	
STREET ADDRESS	1417 BELMONT BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, MAVIS	2.2 NAME	
STREET ADDRESS	2870 HARRISON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLEBY, LINDA	3.2 NAME	Lucante, Linda
STREET ADDRESS	915 NEW YORK AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, SHEILA	4.2 NAME	
STREET ADDRESS	1407 MAIRE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, BRENDA	5.2 NAME	
STREET ADDRESS	2200 PENTLAND	5.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Michael Huing
STREET ADDRESS		6.3 STREET ADDRESS	4455 West 19th St. Apt 46
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Panama City FL 32405

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:

Linda A. Lucante
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

Date

904-265-7520

Daytime Phone #

CR2E037 (12/95)