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

APPROVED AND FILED
95 APR 21 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29801 (0)

1. Corporation Name
CENTRAL PASCO OPTIMIST CLUB OF LAND O'LAKES, INC

Principal Place of Business	Mailing Address
18541 HWY 52 LAND O'LAKES FL 34639 US	18451 HWY 52 LAND O'LAKES FL 34639 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1988
3a. Date of Last Report: 03/30/1994
4. FEI Number: 23-7383668 ☐ 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

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

WILLIAMS, VIRGIL
1008 HWY 52
LAND O'LAKES FL 34639

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 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 Virgil Williams
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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	SONS, WILLIAM E	1.2 NAME		
STREET ADDRESS	18212 ST. RT. 52	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAM, S. VIRGIL	2.2 NAME		
STREET ADDRESS	1008 HWY 52	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	RUMRILL, FRANK	3.2 NAME		
STREET ADDRESS	1050 COUNTRY CHOSE DRIVE	3.3 STREET ADDRESS	1050 Country CLOSE Drive	
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP		
TITLE	STD	4.1 TITLE		☐ Change ☐ Addition
NAME	RUMRILL, FRANK	4.2 NAME		
STREET ADDRESS	1050 COUNTRY CLOSE DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	BRADLEY, RICHARD	5.2 NAME		
STREET ADDRESS	18005 AKINS DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGHILL FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SARTEN, COLLEEN	6.2 NAME	Delete	
STREET ADDRESS	20222 SOMERSET ACRES	6.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGHILL FL	6.4 CITY-ST-ZIP		

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: Frank E. Rumrill Jr. April 5, 1995 (813)949-8365
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000040