


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 28 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS. | |
| DOCUMENT # N29801 1. Corporation Name Central Pasco Optimist Club OF LAND O' LAKES, INC. | | | |
| Principal Place of Business 17741 Esprit Drive TAMPA, FLA. 33647 | | Mailing Address 17741 Esprit Drive TAMPA, FLA. 33647 | |
| 2. Principal Place of Business 21 18541 Hwy 52 Suite, Apt. #, etc. | | 2a. Mailing Address 26 17741 Esprit Drive Suite, Apt. #, etc. | |
| City & State 23 LAND O' LAKES, FLA Zip Country 24 34639 25 PASCO | | City & State 28 TAMPA, FLA Zip Country 29 33647 30 H.I.I.S. | |
| 9. Name and Address of Current Registered Agent VIRGIL WILLIAMS, SR. 15225 SPOKAN RD. SPRING HILL, FLA. 33610 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE William Sons NAME PRESIDENT STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE PRESIDENT 1.2 NAME ORIN BROWNING 1.3 STREET ADDRESS 3110 JACANA DRIVE 1.4 CITY-ST-ZIP Wesley Chapel, FLA 33544 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE VICE President NAME VIRGIL L. WILLIAMS STREET ADDRESS #9 ABOVE CITY-ST-ZIP | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE DIRECTOR 2.2 NAME VIRGIL WILLIAMS 2.3 STREET ADDRESS #9 ABOVE 2.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE SECY-TREASURER NAME FRANK RUMRILL STREET ADDRESS 17741 Esprit Dr CITY-ST-ZIP TAMPA, FLA. 33647 | <input type="checkbox"/> DELETE | 3.1 TITLE DIRECTOR 3.2 NAME MARY NORTROP 3.3 STREET ADDRESS 13991 CORONADO DR 3.4 CITY-ST-ZIP Spring Hill, FLA 34609 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE VICE-President NAME GEORGE CHAPMAN STREET ADDRESS 12189 ARMENTA GABLES CIR CITY-ST-ZIP TAMPA, FLA. 33612 | <input type="checkbox"/> DELETE | 4.1 TITLE DIRECTOR 4.2 NAME JOSEPH CHAPMAN 4.3 STREET ADDRESS 31200 BLANTON RD. 4.4 CITY-ST-ZIP DADE CITY, FLA. 33523 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Franklin E. Rumrill Jr. 7/24/97 (813) 620-2430 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | |

CR2E037 (9/96)