


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 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 # **N29801** (0)
1. Corporation Name
CENTRAL PASCO OPTIMIST CLUB OF LAND O'LAKE, INC



Principal Place of Business 18541 HWY 52 LAND O'LAKE FL 34639 US	Mailing Address 17741 ESPRIT DRIVE TAMPA FL 33647 US
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3. Date Incorporated or Qualified 12/20/1988	
4. FEI Number 23-7383668	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Sulte, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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 checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILLIAMS, VIRGIL 15225 SPOKAN ROAD SPRINGHILL FL 33610	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P BROWNING, ORIN
STREET ADDRESS	31110 JACANA DRIVE
CITY-ST-ZIP	WESLEY CHAPEL FL 33544
TITLE	<input type="checkbox"/> DELETE
NAME	D WILLIAMS, VIRGIL L.
STREET ADDRESS	15225 SPOKAN RD.
CITY-ST-ZIP	SPRINGHILL FL 33610
TITLE	<input type="checkbox"/> DELETE
NAME	ST RUMRILL, FRANK
STREET ADDRESS	17741 ESPRIT DRIVE
CITY-ST-ZIP	TAMPA FL 33647
TITLE	<input type="checkbox"/> DELETE
NAME	D CHAPMAN, JOSEPH
STREET ADDRESS	31200 BLANTON RD.
CITY-ST-ZIP	DADE CITY FL 34609
TITLE	<input type="checkbox"/> DELETE
NAME	VP CHAPMAN, GEORGE
STREET ADDRESS	12189 ARMENIA GABLES CIR
CITY-ST-ZIP	TAMPA FL 33612
TITLE	<input type="checkbox"/> DELETE
NAME	D NORTHROP, MARY
STREET ADDRESS	13991 CORONADO DR.
CITY-ST-ZIP	SPRINGHILL FL 34609

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE _____ 1-27-98 (813) 120-2430

CR2E037 (10/97)