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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29801

1. Corporation Name

CENTRAL PASCO OPTIMIST CLUB OF LAND O'LAKES, INC

Principal Place of Business

18541 HWY 52
LAND O'LAKES FL 34639
US

Mailing Address

17741 ESPRIT DRIVE
TAMPA FL 33647
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

12/20/1988

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

9. Name and Address of Current Registered Agent

**WILLIAMS, VIRGIL
15225 SPOKAN ROAD
SPRINGHILL FL 33610**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **BROWNING, ORIN**
STREET ADDRESS **31110 JACANA DRIVE**
CITY-ST-ZIP **WESLEY CHAPEL FL 33544**

TITLE **D** ☐ DELETE
NAME **WILLIAMS, VIRGIL L.**
STREET ADDRESS **15225 SPOKAN RD.**
CITY-ST-ZIP **SPRINGHILL FL 33610**

TITLE **ST** ☐ DELETE
NAME **RUMRILL, FRANK**
STREET ADDRESS **17741 ESPRIT DRIVE**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **D** ☐ DELETE
NAME **CHAPMAN, JOSEPH**
STREET ADDRESS **31200 BLANTON RD.**
CITY-ST-ZIP **DADE CITY FL 34609**

TITLE **VP** ☐ DELETE
NAME **CHAPMAN, GEORGE**
STREET ADDRESS **12189 ARMENIA GABLES CIR**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **D** ☒ DELETE
NAME **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 **P** ☐ Change ☒ Addition
1.2 NAME **William Seaver**
1.3 STREET ADDRESS **15722 Century Dr**
1.4 CITY-ST-ZIP **Hudson, FLA. 34667**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Robert Lester**
6.3 STREET ADDRESS **3240 Bronzeleaf Place**
6.4 CITY-ST-ZIP **Land O'Lakes, FLA. 34639**

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, with all other like empowered.

SIGNATURE:

Frank R. Rumrill, Secretary/Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 620-2430

CR2E037 (1/198)