

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 # N30451 (1)

1. Corporation Name

SUNCOAST OPTIMIST FOUNDATION, INC.



Principal Place of Business

Mailing Address

C/O GEOFFREY H. PROFFITT  
P.O. BOX 1182  
SARASOTA FL 34230-1182

C/O GEOFFREY H. PROFFITT  
P.O. BOX 1182  
SARASOTA FL 34230-1182

3. Date Incorporated or Qualified  
02/01/1989

3a. Date of Last Report  
06/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
65-0123355

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROFFITT, GEOFFREY H.  
2221 2ND ST.  
SARASOTA FL 34237

81 Name MILLER, ROBERT  
82 Street Address (P.O. Box Number is Not Acceptable)  
517 2ND ST. W.  
83 BRADENTON  
84 City

FL 85 Zip Code 34205

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

3/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BLETHEN, CRAIG A  
STREET ADDRESS 3939 42ND ST.  
CITY-ST-ZIP SARASOTA FL 34235 ☒ DELETE

1.1 TITLE SD  
1.2 NAME HARRY C. NEAL  
1.3 STREET ADDRESS 3116 53RD ST. SARASOTA FL 34235  
1.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE SD  
NAME JOHNSON, BARBARA A  
STREET ADDRESS 3656 KINGSTON BLVD.  
CITY-ST-ZIP SARASOTA FL 34238 ☐ DELETE

2.1 TITLE D  
2.2 NAME JOHNSON, BARBARA A.  
2.3 STREET ADDRESS 3656 KINGSTON BLVD.  
2.4 CITY-ST-ZIP SARASOTA FL 34238 ☒ Change ☐ Addition

TITLE TD  
NAME JACKSON, JANET M  
STREET ADDRESS 3080 DIVIDING CREEK DR.  
CITY-ST-ZIP SARASOTA FL 34237 ☐ DELETE

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

TITLE D  
NAME KELSO, GEAN  
STREET ADDRESS 3116 53RD ST  
CITY-ST-ZIP SARASOTA FL ☐ DELETE

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

TITLE D  
NAME PROFFITT, GEOFFREY, H  
STREET ADDRESS 1343 MAIN ST 413  
CITY-ST-ZIP SARASOTA FL ☐ DELETE

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

TITLE D  
NAME MILLER, ROBERT  
STREET ADDRESS 517 2ND ST WEST  
CITY-ST-ZIP BRADENTON FL ☐ DELETE

6.1 TITLE PD  
6.2 NAME MILLER, ROBERT  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 13, 1996 941-359-1592

CR2E037 (12/95)