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FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

03/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

65-0123355

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, ROBERT
517 2ND ST W
BRADENTON FL 34205**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE
NAME **NEAL, HARRY C**
STREET ADDRESS **3116 53RD ST.**
CITY-ST-ZIP **SARASOTA FL 34235**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE **D** ☒ DELETE
NAME **JOHNSON, BARBARA A**
STREET ADDRESS **3656 KINGSTON BLVD.**
CITY-ST-ZIP **SARASOTA FL 34238**2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **BCHROCK, LOW**
2.4 CITY-ST-ZIP **202 SUNWAY AVENUE**
SARASOTA FL 34237TITLE **TD** ☐ DELETE
NAME **JACKSON, JANET M**
STREET ADDRESS **3080 DIVIDING CREEK DR.**
CITY-ST-ZIP **SARASOTA FL 34237**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **KELSO, GEAN**
STREET ADDRESS **3116 53RD ST**
CITY-ST-ZIP **SARASOTA FL**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **PROFFITT, GEOFFREY, H**
STREET ADDRESS **1343 MAIN ST 413**
CITY-ST-ZIP **SARASOTA FL**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE **PD** ☐ DELETE
NAME **MILLER, ROBERT**
STREET ADDRESS **517 2ND ST WEST**
CITY-ST-ZIP **BRADENTON FL**6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Harry C Neal* **HARRY C NEAL, SECRETARY** **FEBRUARY 24 1997** **941-359-1592**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0062777

CR2E037 (9/96)