

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N33251**

1. Entity Name

**OPTIMIST CLUB OF JACKSON COUNTY, INC.**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90141 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

202 EAST LAFAYETTE ST.  
 P O BOX 6294  
 MARIANNA FL 32446

202 EAST LAFAYETTE ST.  
 P O BOX 6294  
 MARIANNA FL 32447-6294



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2940133**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKER, FRANK A.**  
**202 EAST LAFAYETTE ST.**  
**MARIANNA FL 32446**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P  Delete  
 NAME: GRIFFIN, MARY  
 STREET ADDRESS: 3156 UNION HILL RD  
 CITY-ST-ZIP: MARIANNA FL 32446

TITLE: P  Change  Addition  
 NAME: VanVlake, Sandria  
 STREET ADDRESS: 2532 Eastgate Drive  
 CITY-ST-ZIP: Marianna, FL 32446

TITLE: T  Delete  
 NAME: BASFORD, PATRICIA C  
 STREET ADDRESS: 4926 AURIETT DR  
 CITY-ST-ZIP: MARIANNA FL 32446

TITLE: D  Change  Addition  
 NAME: Debra Gochenaur  
 STREET ADDRESS: 3119 Old U.S. Road  
 CITY-ST-ZIP: Marianna, FL 32446

TITLE: VP  Delete  
 NAME: PAGE, HENRIETTA  
 STREET ADDRESS: 4193 OLD COTTONDALE RD  
 CITY-ST-ZIP: MARIANNA FL 32448

TITLE: VP  Change  Addition  
 NAME: Angela Calloway  
 STREET ADDRESS: 2954 Chase Way  
 CITY-ST-ZIP: Marianna, FL 32446

TITLE: V  Delete  
 NAME: MORRIS, OVIDA  
 STREET ADDRESS: 4630 HWY 90  
 CITY-ST-ZIP: MARIANNA FL 32446

TITLE: VP  Change  Addition  
 NAME: Betty Demmon  
 STREET ADDRESS: 2275 Fairview Road  
 CITY-ST-ZIP: Marianna, Florida 32446

TITLE: D  Delete  
 NAME: OSMENT, BONNIE  
 STREET ADDRESS: 4208 WEST KELSON AVE.  
 CITY-ST-ZIP: MARIANNA FL

TITLE: D  Change  Addition  
 NAME: Rose Paramore  
 STREET ADDRESS: 5308 Fort Road  
 CITY-ST-ZIP: Greenwood, FL 32443

TITLE: D  Delete  
 NAME: PAGE, HENRIETTA  
 STREET ADDRESS: 4193 OLD COTTONDALE RD  
 CITY-ST-ZIP: MARIANNA FL 32488

TITLE: D  Change  Addition  
 NAME: Caretha Everett  
 STREET ADDRESS: 2841 Hawk Street  
 CITY-ST-ZIP: Marianna, FL 32448

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/00*  
 Date

Daytime Phone #

CFR2E037 (9/99)