

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

200001828792
-05/20/96--01034--038
***61.25

DOCUMENT # **N35114 (0)**

1. Corporation Name

DOWNTOWN OPTIMIST CLUB OF ST. PETERSBURG, FLORIDA, INC.



Principal Place of Business

Mailing Address

4666 29TH AVE N
ST PETERSBURG FL 33713
US

4666 29TH AVE N
ST PETERSBURG FL 33713
US

3. Date Incorporated or Qualified **11/08/1989** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **181 78th Ave N**
Suite Apt. #, etc.

2a. Mailing Address
26 **181 78th Ave N**
Suite, Apt. #, etc.

4. FEI Number **59-2979133** Applied For
APPLIED FOR Not Applicable

23 **St. Petersburg, FL**
City & State
24 **33702** 25 **USA**
Zip Country

28 **St. Petersburg, FL**
City & State
29 **33702** 30 **USA**
Zip Country

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

CARVALIS, RIC
4666-29TH AVE., N
ST. PETERSBURG FL 33703-3206

81 Name **Bayless, Gardner**
82 Street Address (P.O. Box Number is Not Acceptable)
181 78th Ave N
83
84 City **St. Petersburg** FL 85 Zip Code **33702**

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]* DATE **4/9/96**
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	CARVALIS, RIC
STREET ADDRESS	4666-29TH AVE., N
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	BAYLESS, GARDNER
STREET ADDRESS	181-78TH AVE, N.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	HAYWORTH, VI
STREET ADDRESS	1320-50TH AVE. N.E.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	NORTHROP, KAREN
STREET ADDRESS	2142 PINELLAS PT. DR. S
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SCHNELL, RONALD
STREET ADDRESS	215-85TH AVE. #2
CITY - ST - ZIP	TREASURE ISLAND FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CARREIRO, KAREN
STREET ADDRESS	3930-61ST STREET NO
CITY - ST - ZIP	ST. PETERSBURG FL

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bayless, Gardner
1.3 STREET ADDRESS	181 78th Ave N
1.4 CITY - ST - ZIP	St. Petersburg, FL 33702
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sharon Denny
2.3 STREET ADDRESS	7212 35th Ave N
2.4 CITY - ST - ZIP	St. Petersburg, FL 33710
3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bettie Ralston
3.3 STREET ADDRESS	2281 41st Street N
3.4 CITY - ST - ZIP	St. Petersburg, FL 33713
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Cathy Carr
4.3 STREET ADDRESS	6127 19th Ave N
4.4 CITY - ST - ZIP	St. Petersburg, FL 33710
5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Joan Gibbons
5.3 STREET ADDRESS	5061 86th Ave N
5.4 CITY - ST - ZIP	Pinellas Park, FL 34666
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Doris Stephens
6.3 STREET ADDRESS	675 99th Ave N Apt # 202
6.4 CITY - ST - ZIP	St. Petersburg, FL 33702

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]* DATE: **4-1-96** (813) 546-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)