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May 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35114 (0)

1. Corporation Name

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



Principal Place of Business

Mailing Address

181 78TH AVE NORTH
ST PETERSBURG FL 33702
US

181 78TH AVE. NORTH
ST PETERSBURG FL 33702-4461
US

3. Date Incorporated or Qualified 11/08/1989
3a. Date of Last Report 05/01/1996

21 5061 86th Ave North
Suite, Apt. #, etc.

26 5061 86th Ave North
Suite, Apt. #, etc.

4. FEI Number 59-2979133
Applied For Not Applicable

23 Pinellas Park, FL
City & State

28 Pinellas Park, FL
City & State

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

24 33782
Zip

25 USA
Country

29 33782
Zip

30 USA
Country

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

~~BAYLESS, GARDNER~~
181 78TH AVE NORTH
ST PETERSBURG FL 33702

81 Name Joan Gibbons
82 Street Address (P.O. Box Number is Not Acceptable) 5061 86th Ave North
83
84 City Pinellas Park FL 85 Zip Code 33782

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 Joan Gibbons Joan Gibbons, Treasurer 4-21-97
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	P	<input type="checkbox"/> DELETE
NAME	DENNAY, SHARON	
STREET ADDRESS	7212 35TH AVE N.	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BAYLESS, GARDNER	
STREET ADDRESS	181 78TH AVE. NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GIBBONS, JOAN	
STREET ADDRESS	5061 86TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHENS, DORIS	
STREET ADDRESS	675 99TH AVE N APT #202	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dennay, Sharon	
1.3 STREET ADDRESS	7212 35th Ave N	
1.4 CITY-ST-ZIP	St. Petersburg FL 33710	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Secretary Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Cathy Carr Claude Carr	
5.3 STREET ADDRESS	6127 19th Ave N	
5.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Elaine mullen	
6.3 STREET ADDRESS	6810 Stonesthrow Cirde #13202	
6.4 CITY-ST-ZIP	St. Petersburg, FL 33710	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joan Gibbons REJOINED Gibbons 4-21-97
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0049915

CR2E037 (9/96)