FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35156

(1)

Adultion Address

THE OPTIMIST CLUB OF CHIPLEY, INC.

FILED
May 16 1997 8:00am
Secretary of State

Principal Plac	de of Business	Mailing Address							
1030 SOUTH BLVD P O BOX 584									
CHIPLEY FL 324	428	CHIPLEY FL 32428-0584				Į.			
US		US				3. Date Incorporated or Qualified 11/08/1989	3a. Da	te of Last 2/28/19	t Report 996
2. Principal F	Place of Business	2a. Mailing Address		_		4. FEI Number	<u> </u>		Applied For
21 26					,	59-2882866			Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional			
22		27	<u> </u>			5. Certificate of Statos Desired	لسا	Fee	Required
City & Sta	te	City & State				6. Election Campaign Financing		\$5.0	0 May Be
23		28				Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Count	ry		8. This corporation has liability for i			r s. 199.032,
24	25	29	30					No	
 	9. Name and Address of Curre	nt Registered Agent		ar	Manage	10. Name and Address of New Re-	jistered A	Lgent	
I	_		°	11	Name				
	ENBERG, TED S		8	2	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	OUTH BLVD		L.	1					
•M7 7 80		146	8	13					
CHIPLEY	/FL 32428 - 0446		8	4	City			85 Zi	ip Code
				1			<u>FL</u>		<u> </u>
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Sta	itutes, the abo	900	-named corp	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of	changing	j its registered
agent La	am familiar with, and accept the oblig	pations of, Section 617.0503,	Florida Statut	Ю\$.		tions board of directors. Thereby accep	r no shh	JII III II III I	as registered
SIGNATURE	7 5 6	in which				man	x 5.	199	}フ
OIGIARTORIE	Signature, typed or printed name of registered ag	Y	NOTE Registered A	ger	nt signature requi	ired when reinstating)	DATE		
12.	·	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	ST	☐ DELETE	1.1 TiTL		1.4	DP .		Change	e 🔲 Addition
NAME	SPANGENBERG, TED S	وبط ويسترين سميم	1.2 NAM		ΙÇ	GOBCORA LANE	_ ✓		
STREET ADDRESS	COUTH BLVD EST. 1030	5 2001H BY	UP 1.3 STRE	EET/					
CITY-ST-ZIP	CHIPLEY FL		1.4 CITY	- 51	1-21P C	HIPLEY, FL			
TITLE	DP	DELETE	2.1 TITLE	E				Chang	ge 🔲 Addition
NAME	COLLETTI, DAN		2.2 NAM	E	Ç	BLLETTI, DAN			
STREET ADDRESS	210 S. BLVD WEST		2.3 STRE	ET /	address 📝	308 5, BLVD			
CITY - S1 - ZIP	CHIPLEY FL		2.4 CIT	Y - S		HIPLEY, FL			
TITLE	DVP	DELETE	3.1 TITLI	E		P		Chang	ge 🔲 Addition
NAME	HILL, LARRY		3.2 NAM	IE		BROWN, DON 427 BLUE LAKE			
STREET ADDRESS	RT 1 BOX 152 C		3.3 STRE	EET /	ADDRESS /	427 BLUE LAKE	ER	D.	
CITY-ST-ZIP	CHIPLEY FL		3.4. CITY	Y - S1	T-ZIP	HIPLEY			
TITLE	D	DELETE	4.1 TITL	E	1	D		Chang	ge Addition
NAME	WILLIFORD, DAVID	•	4. 2 NAN	ИÉ	C	ULBRETH. GA	11		
STREET ADDRESS	705 W FOREST AVE		4.3 STRE	EET /	ADDRESS 2	ULBRETH, GA	jE		
CITY-ST-ZIP	CHIPLEY FL		4.4 CITY	<u>- S</u> T	1-21P (CHIPLEY	_		
TITLE	D	DELETE	5.1 T ITL	E	1	D		Chang	ge Addition
NAME	OUTER, JAMES	•	5.2 NAM	1E	Į.	ROCK, DINA 25 MAPLE ST HIPLEY, FL			
STREET ADDRESS			5.3 STR	EET/	ADORESS	25 MAPLE ST	_		
CITY-S1-ZIP	BONIFAY FL		5.4 CITY	/- ST	r-zip C	HIPLEY. EL			
TITLE	DVP	DELETE	6.1 TITL	_				Chang	ge 🔲 Addition
NAME	WOOD, DENNIS		6.2 NAM	1E					
STREET ADDRESS	RT 1 BOX 237 A		6.3 STRE	EET /	ADDRESS				
C-TY-ST-ZIP	CHIPLEY FL		6.4 CITY						
		nd with this filing door not al				d in Section 119 07(3)(i) Florida Statuta	e I further	cortify H	nat the

4. 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:

NATURE AND TYPED OR PRINTED NAME OF SOUND OFFICER OR DIRECTOR

may 5, 13

Deutime Phone #200000