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FILED
Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36275** (8)

1. Corporation Name

BEACH BAY OPTIMIST CLUB, INC.

Principal Place of Business

Mailing Address

P O BOX 9715
PANAMA CITY BEACH FL 32417-0115

P O BOX 9715
PANAMA CITY BEACH FL 32417-0115



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/19/1990		3a. Date of Last Report 04/11/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2979130		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HESS, GLENN L.
9108 W HWY 98
PANAMA CITY BEACH FL 32408

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	STD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Sec/Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVER, FAY D		1.2 NAME	Barbara Foster	
STREET ADDRESS	317 FAIRWAY BLVD		1.3 STREET ADDRESS	16804 CASTILE AVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL		1.4 CITY-ST-ZIP	Panama City Bch Fl 32413	
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLKS, BARBARA		2.2 NAME	BARBARA Churchill	
STREET ADDRESS	3814 QUAIL ST		2.3 STREET ADDRESS	100 Sandollar DR	
CITY-ST-ZIP	PANAMA CITY BCH FL		2.4 CITY-ST-ZIP	Panama City Bch, FL 32408	
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, CAROLYNN		3.2 NAME	Carolyn Wolfe	
STREET ADDRESS	16804 CASTILE AVE		3.3 STREET ADDRESS	8132 S Lyson DR	
CITY-ST-ZIP	PANAMA CITY BCH FL		3.4 CITY-ST-ZIP	Panama City Bch, FL 32408	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, CAROLYN		4.2 NAME	Barbara Polko	
STREET ADDRESS	8132 S LYSON DR		4.3 STREET ADDRESS	3814 QUAIL ST	
CITY-ST-ZIP	PANAMA CITY BCH FL		4.4 CITY-ST-ZIP	Panama City Bch FL 32408	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUDDARD, LINDA		5.2 NAME	Linda Studdard	
STREET ADDRESS	6910 S LYSON DR		5.3 STREET ADDRESS	→	
CITY-ST-ZIP	PANAMA CITY BEACH FL		5.4 CITY-ST-ZIP	→	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, B.		6.2 NAME	→	
STREET ADDRESS	121 ROSE CORAL DR		6.3 STREET ADDRESS	→	
CITY-ST-ZIP	PANAMA CITY BCH FL		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:

Barbara M. Foster **Barbara M Foster**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

964-233-9232

Daytime Phone # **0000676**

CR2E037 (9/96)