FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38074 (3)

1. Corporation Name

MARIANNA OPTIMIST YOUTH FOUNDATION OF MARIANNA, FLORIDA, INC.

Principal Place of Business	Mailing Address
4334 6TH AVENUE MARIANNA FL 32446	4334 6TH AVENUE MARIANNA FL 32446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1990
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-3006922 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26): P.O. BOX 387 MARIANNA, FL. 32447-0387
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
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
ROOKS, CLAY 2438 FILLMORE DR MARIANNA FL 32446	81 Name: GRINDLE, ROBERT S 82 Street Address (P.O. Box Number is Not Acceptable): 4363 WILTON ST 83 84 City: MARIANNA FL 85 Zip Code: 32446

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Robert S Grindle Robert S Grindle 4/15/95
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	DP	11 TITLE	DV	☑ Change ☐ Addition
NAME	PFORTE, BOB	12 NAME	PFORTE, BOB	
STREET ADDRESS	4214 W. LAFAYETTE ST.	13 STREET ADDRESS	4214 W. LAFAYETTE ST.	
CITY-ST-ZIP	MARIANNA FL	14 CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	DV	21 TITLE	DP	☑ Change ☐ Addition
NAME	HUANG, PAUL	22 NAME	HUANG, PAUL	
STREET ADDRESS	4642 RIVER DR.	23 STREET ADDRESS	4642 RIVER DR.	
CITY-ST-ZIP	MARIANNA FL	24 CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	D	31 TITLE	DST	☐ Change ☑ Addition
NAME	F.G. COMPAGNI SR	32 NAME	GRINDLE, ROBERT S.	
STREET ADDRESS	3166 4TH ST	33 STREET ADDRESS	4363 WILTON ST.	
CITY-ST-ZIP	MARIANNA FL 32446	34 CITY-ST-ZIP	MARIANNA, FL. 32446	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, HUBERT	42 NAME		
STREET ADDRESS	4334 6TH AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	THOMAS L. MELVIN	52 NAME		
STREET ADDRESS	4010 OLD COTTONDALE RD	53 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL 32446	54 CITY-ST-ZIP		
TITLE	DST	61 TITLE	D	☑ Change ☐ Addition
NAME	ROOKS, CLAY	62 NAME	ROOKS, CLAY	
STREET ADDRESS	2438 FILLMORE DR	63 STREET ADDRESS	2438 FILLMORE DR.	
CITY-ST-ZIP	MARIANNA FL	64 CITY-ST-ZIP	MARIANNA, FL. 32446	

$8.75

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)(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: Robert S Grindle 4/15/95 904 482 4247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert S. Grindle

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