

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

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**

**P.O. BOX 387
MARIANNA FL 32447-0387
US**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/15/1990

3a. Date of Last Report

04/26/1995

4. FEI Number

59-3008922

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

HUBERT W. WILLIAMS

82 Street Address (P.O. Box Number is Not Acceptable)

4334 6TH AVE

83

84 City

MARIANNA

FL

85 Zip Code

32446

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

HUBERT W. WILLIAMS DST

Hubert W. Williams

3-26-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DV**
STREET ADDRESS **PFORTE, BOB**
CITY-STATE-ZIP **4214 W. LAFAYETTE ST.
MARIANNA FL 32446**

TITLE ☐ DELETE

NAME **DP**
STREET ADDRESS **HUANG, PAUL**
CITY-STATE-ZIP **4642 RIVER DR.
MARIANNA FL 32446**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **COMPAGNI, F G SR**
CITY-STATE-ZIP **3166 4TH ST
MARIANNA FL 32446**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **WILLIAMS, HUBERT**
CITY-STATE-ZIP **4334 6TH AVE.
MARIANNA FL**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **THOMAS L. MELVIN**
CITY-STATE-ZIP **4010 OLD COTTONDALE RD
MARIANNA FL 32446**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **ROGERS, CLAY**
CITY-STATE-ZIP **2438 FILLMORE DR.
MARIANNA FL 32446**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **DST**
4.3 STREET ADDRESS **HUBERT W. WILLIAMS**
4.4 CITY-STATE-ZIP **4334 6TH AVE
MARIANNA FL 32446**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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:

Hubert W. Williams DST

3-26-96 904-526-2385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUBERT W. WILLIAMS

Date

Daytime Phone #

CR2E037 (12/95)