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Mar 17 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 # **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		3. Date Incorporated or Qualified 05/15/1990	3a. Date of Last Report 03/28/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3008922	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, HUBERT W.
4334 6TH AVE
MARIANNA FL 32446**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	DV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFORTE, BOB	1.2 NAME	
STREET ADDRESS	4214 W. LAFAYETTE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUANG, PAUL	2.2 NAME	
STREET ADDRESS	4642 RIVER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPAGNI, F G SR	3.2 NAME	
STREET ADDRESS	3186 4TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	3.4 CITY-ST-ZIP	
TITLE	DST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, HUBERT W	4.2 NAME	
STREET ADDRESS	4334 6TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS L. MELVIN	5.2 NAME	
STREET ADDRESS	4010 OLD COTTONDALE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, CLAY	6.2 NAME	
STREET ADDRESS	2438 FILLMORE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	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: *Hubert W. Williams*

32446-7 BOB PFORTE 4214 W LAFAYETTE ST

CR2E037 (9/96)