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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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**



3. Date Incorporated or Qualified

05/15/1990

4. FEI Number

59-3008922

Applied For

Not Applicable

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

JACKSON

29

30

JACKSON

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

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

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

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **HUANG, PAUL**
CITY-ST-ZIP **4642 RIVER DR.
MARIANNA FL 32446**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **~~COMPAGNI, P O SR~~**
STREET ADDRESS **~~3188 4TH ST~~**
CITY-ST-ZIP **~~MARIANNA FL 32446~~**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **EDWIN C HILL SR**
3.4 CITY-ST-ZIP **7336 Hwy 90
GRAND RIDGE FL 32442**

TITLE ☐ DELETE
NAME **DST**
STREET ADDRESS **WILLIAMS, HUBERT W**
CITY-ST-ZIP **4334 6TH AVE
MARIANNA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **~~THOMAS, MELVIN~~**
STREET ADDRESS **~~4010 OLD COTTONDALE RD~~**
CITY-ST-ZIP **~~MARIANNA FL 32446~~**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **ROBERT S GRINDLE JR**
5.4 CITY-ST-ZIP **4553 RED OAK TRACE
MARIANNA FL 32446**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **ROGERS, CLAY**
CITY-ST-ZIP **2438 FILLMORE DR.
MARIANNA FL 32446**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **CLAYTON O ROOKS**
6.4 CITY-ST-ZIP **2438 FILLMORE DR
MARIANNA FL 32446**

14. I 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

3 3 98 850-482-4072

CR2E037 (1097)