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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -4 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38369 (7)

1. Corporation Name

THE PALM HARBOR OPTIMIST CLUB, INC.

Principal Place of Business

Mailing Address

670 GLENN-ERICKSON
P.O. BOX 2204
PALM HARBOR FL 34682

670 GLENN-ERICKSON
P.O. BOX 2204
PALM HARBOR FL 34682

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/29/1990	3a. Date of Last Report 04/08/1994
4. FEI Number 59-3112753	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$0.75 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	

2. Principal Place of Business

2a. Mailing Address

21 %/CONNIE FIELDS
Suite, Apt. #, etc.

26 %/CONNIE FIELDS
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERICKSON, GLENN
1371 HOMESTEAD WAY
PALM HARBOR FL 34683

81 Name CONNIE FIELDS
82 Street Address (P.O. Box Number is Not Acceptable) 1021 15th St.
83 PALM HARBOR
84 City FL 85 Zip Code 34683

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 CONNIE A. FIELDS Connie A. Fields 1-25-95
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 PD NAME ERICKSON, GLENN STREET ADDRESS 1371 HOMESTEAD WAY CITY - ST - ZIP PALM HARBOR FL		1.1 TITLE PD 1.2 NAME DENA CLARK 1.3 STREET ADDRESS 850 MICHIGAN BLVD 1.4 CITY - ST - ZIP DUNEDIN FL 34698	☒ Change ☐ Addition
TITLE VD NAME FIELDS, CONNIE STREET ADDRESS 1021 15TH ST CITY - ST - ZIP PALM HARBOR FL		2.1 TITLE STD 2.2 NAME CONNIE FIELDS 2.3 STREET ADDRESS 1021 15th St 2.4 CITY - ST - ZIP PALM HARBOR, FL 34683	☒ Change ☐ Addition
TITLE STD NAME CADDY, CAROL ANN STREET ADDRESS 248 MARINER DR. CITY - ST - ZIP TARPOON SPRINGS FL		3.1 TITLE VD 3.2 NAME KEITH FELTON 3.3 STREET ADDRESS 2673 SABLE SPRINGS CIR #202-B 3.4 CITY - ST - ZIP CLEARWATER, FL 34621	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition 400001448554 -04/06/95--01008--003 ****130.00 ****130.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

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 110.07(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: Connie A. Fields CONNIE A. FIELDS 1-25-95 813-785-0371
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Typed Name)