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Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38369** (7)

1. Corporation Name

THE PALM HARBOR OPTIMIST CLUB, INC.

Principal Place of Business

Mailing Address

C/O JILL M. WEEKS
P.O. BOX 2204
PALM HARBOR FL 34682

C/O JILL M. WEEKS
P.O. BOX 2204
PALM HARBOR FL 34682

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

05/29/1990

4. FEI Number

59-3112753

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

WEEKS, JILL M
3810 EXECUTIVE DRIVE
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

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

TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	WEEKS, JILL M	
STREET ADDRESS	3810 EXECUTIVE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34685	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	JUDGE, JOSEPH	
STREET ADDRESS	P.O. BOX 230 N/A	
CITY-ST-ZIP	PALM HARBOR FL 34682	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FITZPATRICK, JEANNE	
STREET ADDRESS	2764 COUNTRYSIDE BLVD #5	
CITY-ST-ZIP	CLEARWATER FL 34621	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BATES, SUSAN	
STREET ADDRESS	705 BOOTH ST	
CITY-ST-ZIP	SAFETY HARBOR FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S/T/D** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **P/D** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP **34695**

5.1 TITLE **V/D** ☐ Change ☒ Addition

5.2 NAME **PHILLIP CHESSON**

5.3 STREET ADDRESS **1471 NOELL BLVD.**

5.4 CITY-ST-ZIP **PALM HARBOR, FL. 34683**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

JILL M. WEEKS (FETIM M. WEEKS) 1-6-98 813-771-6802

CR2E037 (10/97)