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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90049 014 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N38369 1. Corporation Name THE PALM HARBOR OPTIMIST CLUB, INC.					
Principal Place of Business C/O JILL M. WEEKS P.O. BOX 2204 PALM HARBOR FL 34682			Mailing Address C/O JILL M. WEEKS P.O. BOX 2204 PALM HARBOR FL 34682		



2. Principal Place of Business 21 90 Donna Meyer Suite, Apt. #, etc. 22 P.O. Box 2204 City & State 23 Palm Harbor, FL Zip 24 34682 25 USA		2a. Mailing Address 26 90 Donna Meyer Suite, Apt. #, etc. 27 P.O. Box 2204 City & State 28 Palm Harbor, FL Zip 29 34682 30 USA		3. Date Incorporated or Qualified 05/29/1990 4. FEI Number 59-112753 Applied For <input checked="" type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent WEEKS, JILL M 3810 EXECUTIVE DRIVE PALM HARBOR FL 34685				10. Name and Address of New Registered Agent 81 Name Donna Meyer 82 Street Address (P.O. Box Number is Not Acceptable) 760 Soundview Drive 83 84 City Palm Harbor FL 85 Zip Code 34683			
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11. Pursuant to the provisions of Sections 617.05(2) 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 **Donna T. Meyer, Secy/Treas.** **4/23/99**
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	STD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Jennifer Fischer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WEEKS, JILL M		1.2 NAME	President/D			
STREET ADDRESS	3810 EXECUTIVE DRIVE		1.3 STREET ADDRESS	760 Soundview Lane			
CITY-ST-ZIP	PALM HARBOR FL 34685		1.4 CITY-ST-ZIP	Palm Harbor, FL 34683			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Donna Meyer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	JUDGE, JOSEPH		2.2 NAME	V/ST/D			
STREET ADDRESS	P.O. BOX 230 N/A		2.3 STREET ADDRESS	760 Soundview Dr. Palm Harbor			
CITY-ST-ZIP	PALM HARBOR FL 34682		2.4 CITY-ST-ZIP	34683			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FITZPATRICK, JEANNE		3.2 NAME	MARY Wolfram			
STREET ADDRESS	2764 COUNTRYSIDE BLVD #5		3.3 STREET ADDRESS	744 Penn. Av.			
CITY-ST-ZIP	CLEARWATER FL 34621		3.4 CITY-ST-ZIP	Palm Harbor, FL 34683			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BATES, SUSAN		4.2 NAME	Connie Fields			
STREET ADDRESS	705 BOOTH ST		4.3 STREET ADDRESS	1021 15th St.			
CITY-ST-ZIP	SAFETY HARBOR FL 34695		4.4 CITY-ST-ZIP	Palm Harbor, FL 34683			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CHESSON, PHILLIP		5.2 NAME				
STREET ADDRESS	1471 NOELL BLVD		5.3 STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL 34683		5.4 CITY-ST-ZIP				
TITLE		<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: **Donna T. Meyer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)