FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39865 (3)

1. Corporation Name

GRACEVILLE OPTIMIST CLUB, INC.

Principal Place of Business	Mailing Address
P O BOX 407 GRACEVILLE FL 32440	P O BOX 407 GRACEVILLE FL 32440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1990
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-3011942 ☐ 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. 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

STEVERSON, WILLIAM L.
1057 8TH AVE
GRACEVILLE FL 32440

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	11 TITLE	D/P	☑ Change ☐ Addition
NAME	SAUNDERS, SHERRY	12 NAME	Virgil Mixson	
STREET ADDRESS	5696 HWY. 231	13 STREET ADDRESS	5403 Brown Street	
CITY-ST-ZIP	CAMPBELLTON FL	14 CITY-ST-ZIP	Graceville, FL 32440	
TITLE	DV	21 TITLE	D/V	☑ Change ☐ Addition
NAME	PADGETT, DOROTHY	22 NAME	Irvin Murrell	
STREET ADDRESS	ROUTE 2, BOX 53	23 STREET ADDRESS	5396 O.B. Knight Drive	
CITY-ST-ZIP	GRACEVILLE FL	24 CITY-ST-ZIP	Graceville, FL 32440	
TITLE	D	31 TITLE	D/S	☑ Change ☐ Addition
NAME	FLOYD, BILL	32 NAME	Dorothy Padgett	
STREET ADDRESS	RT 1 BOX G-15	33 STREET ADDRESS	5397 Brown Street	
CITY-ST-ZIP	COTTONWOOD AL	34 CITY-ST-ZIP	Graceville, FL 32440	
TITLE	D	41 TITLE	D/T	☑ Change ☐ Addition
NAME	BROOME, JOHN	42 NAME	Liz Smith	
STREET ADDRESS	307 BROWN STREET	43 STREET ADDRESS	1017 10th Avenue	
CITY-ST-ZIP	GRACEVILLE FL	44 CITY-ST-ZIP	Graceville, FL 32440	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 119.07(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: Liz Smith 4-11-95 (904)263-3261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Liz Smith