

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N39865

(3)

1. Corporation Name

GRACEVILLE OPTIMIST CLUB, INC.



Principal Place of Business

Mailing Address

P O BOX 407  
GRACEVILLE FL 32440

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GRACEVILLE FL 32440

3. Date Incorporated or Qualified

09/06/1990

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

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

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	MIXSON, VIRGIL	
STREET ADDRESS	5403 BROWN STREET	
CITY - ST - ZIP	GRACEVILLE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	PADGETT, DOROTHY	
STREET ADDRESS	5397 BROWN ST.	
CITY - ST - ZIP	GRACEVILLE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MURRELL, IRVIN	
STREET ADDRESS	5396 O. B. KNIGHT DRIVE	
CITY - ST - ZIP	GRACEVILLE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, LIZ	
STREET ADDRESS	1017 10TH AVE.	
CITY - ST - ZIP	GRACEVILLE 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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Murrell, Irvin
13 STREET ADDRESS	5396 O. B. Knight Drive
14 CITY - ST - ZIP	Graceville, FL 32440
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Saunders, Sherry
23 STREET ADDRESS	5696 Highway 231
24 CITY - ST - ZIP	Campbellton, FL 32426
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Blount, Dianne
33 STREET ADDRESS	Rt 2, Box 9
34 CITY - ST - ZIP	Graceville, FL 32440
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Neel, Donna
43 STREET ADDRESS	P.O. Box 124
44 CITY - ST - ZIP	Cottondale, FL 32431
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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: Donna Neel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-95

Date

904-263-3261

Daytime Phone #

CR2E037 (12/95)