


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Morthard Secretary of State DIVISION OF CORPORATIONS
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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 32440-0407**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/06/1990	3a. Date of Last Report 02/14/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3011942	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NURRELL, IRVIN	1.2 NAME	Diane Blount
STREET ADDRESS	5396 O B KNIGHT DR	1.3 STREET ADDRESS	Rt 2, Box 9
CITY-ST-ZIP	GRACEVILLE FL	1.4 CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	DT Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUANDERS, SHERRY	2.2 NAME	VIRGIL MIXSON
STREET ADDRESS	5606 HWY 231	2.3 STREET ADDRESS	5403 BROWN ST.
CITY-ST-ZIP	CAMPBELLTON FL	2.4 CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOUNT, DIANE	3.2 NAME	JACKIE MALONE
STREET ADDRESS	RT 2 BOX 9	3.3 STREET ADDRESS	1082 WATTS AVE.
CITY-ST-ZIP	GRACEVILLE FL	3.4 CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEL, DONNA	4.2 NAME	
STREET ADDRESS	P O BOX 124	4.3 STREET ADDRESS	
CITY-ST-ZIP	COTTONDALE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input 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 do 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 **VIRGIL MIXSON** 1/7/97 GRV 213-2427

CR2E037 (9/96)