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Mar 12 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 # N39865 (3)

1. Corporation Name
GRACEVILLE OPTIMIST CLUB, INC.

Principal Place of Business P O BOX 407 GRACEVILLE FL 32440	Mailing Address P O BOX 407 GRACEVILLE FL 32440
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**STEVerson, WILLIAM L.
1057 8TH AVE
GRACEVILLE FL 32440**

3. Date Incorporated or Qualified 09/06/1990	4. FEI Number 59-3011942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS IN 12	
TITLE	TR	1.1 TITLE	Stephanie Leuenberger
NAME	MIXSON, VIRGIL	1.2 NAME	5555 Cotton St.
STREET ADDRESS	5403 BROWN ST	1.3 STREET ADDRESS	GRACEVILLE, FL 32440
CITY-ST-ZIP	GRACEVILLE FL	1.4 CITY-ST-ZIP	DP
TITLE	DS	2.1 TITLE	VICE PRESIDENT
NAME	SUANDERS, SHERRY	2.2 NAME	Byron MIXSON
STREET ADDRESS	5696 HWY 231	2.3 STREET ADDRESS	5959 Hwy 77
CITY-ST-ZIP	CAMPBELLTON FL	2.4 CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	DP	3.1 TITLE	DS-TR
NAME	BLOUNT, DIANE	3.2 NAME	VIRGIL MIXSON
STREET ADDRESS	RT 2 BOX 9	3.3 STREET ADDRESS	5403 BROWN ST.
CITY-ST-ZIP	GRACEVILLE FL	3.4 CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	DS	4.1 TITLE	
NAME	MALONE, JACKIE	4.2 NAME	
STREET ADDRESS	10852 WHITE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GRACEVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: *Virgil Mixson* VIRGIL MIXSON (TREASURER) 11-28-98 12-3437

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