

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90398 019 ****70.00

DOCUMENT # N39865

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3011942**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEVERSON, WILLIAM L.
4962 DEMASCUS CHURCH RD
P BOX 994
GRACEVILLE FL 32440**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$51.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
NAME **SKINNER, DEBRA**
STREET ADDRESS **5276 ALABAMA ST**
CITY-ST-ZIP **GRACEVILLE FL 32440**

TITLE **DP** ☒ Change ☐ Addition
NAME **STEVERSON, WILLIAM**
STREET ADDRESS **4962 DAMASCUS CHRD PO BOX 994**
CITY-ST-ZIP **GRACEVILLE FL 32440**

TITLE **DPP** ☒ Delete
NAME **BARBER, RONALD**
STREET ADDRESS **5378 COOPER ST**
CITY-ST-ZIP **GRACEVILLE FL 32440**

TITLE **DPP** ☒ Change ☐ Addition
NAME **SKINNER, DEBBIE**
STREET ADDRESS **5276 ALABAMA ST**
CITY-ST-ZIP **GRACEVILLE FL 32440**

TITLE **STD** ☒ Delete
NAME **WICKSELL, CAROLYN**
STREET ADDRESS **1070 8TH AVE**
CITY-ST-ZIP **GRACEVILLE FL 32440-2404**

TITLE **DST** ☐ Change ☒ Addition
NAME **ARNOLD, GREG**
STREET ADDRESS **5323 BROWN ST**
CITY-ST-ZIP **GRACEVILLE FL 32440**

TITLE **DPE** ☐ Delete
NAME **STEVERSON, WILLIAM**
STREET ADDRESS **4962 DAMASCUS CHURCH RD PO BOX 994**
CITY-ST-ZIP **GRACEVILLE FL 32440**

TITLE **DVP** ☐ Change ☒ Addition
NAME **OBAR, ARTHUR**
STREET ADDRESS **5399 COTTON ST**
CITY-ST-ZIP **GRACEVILLE FL 32440**

TITLE **DVP** ☒ Delete
NAME **MARTIN, ROBERT**
STREET ADDRESS **5220 SMOKEY RD**
CITY-ST-ZIP **GRACEVILLE FL 32440**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William L. Stevenson

4-3-03

850-263-4110

CR2E037 (10/02)