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 # N40146

900001923799
-08/16/96--01010--040
***61.25

1. Corporation Name
Capital City Optimist Club of Tallahassee, Inc.

Principal Place of Business

Mailing Address
5609 Rustic Drive
Tallahassee, FL 32303

3. Date Incorporated or Qualified: 9/1990	3a. Date of Last Report: 1995
4. FEI Number: 59-3025065	☐ 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	

21	2. Principal Place of Business
22	Suite, Apt. # etc.
23	City & State
24 / 25	Zip / Country
26	2a. Mailing Address: 5609 Rustic Drive
27	Suite, Apt. # etc.
28	City & State: Tallahassee, FL
29 / 30	Zip: 32303 / Country: USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Lori A. Staalenburg
82 Street Address (P.O. Box Number is Not Acceptable): 5609 Rustic Drive
83
84 City: Tallahassee, FL 85 Zip Code: 32303

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: Lori A Staalenburg (Lori A. Staalenburg) August 14, 1996
Signature, typed or printed name of registered agent, and date as required — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Secretary / Treasurer; Lori A. Staalenburg; 5609 Rustic Drive; Tallahassee, FLORIDA 32303 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Director; Teddi M. Watson; 3667 Dexter Drive; Tallahassee, FLORIDA 32308 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Director; Debby Cuddy; 3656 Woodhill Drive; Tallahassee, FLORIDA 32303 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Director; Brenda Mueller; 3088 Huntington Woods Blvd; Tallahassee, FLORIDA 32303 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	Director; Roma L. Isaacs; 460 Forest Green Drive; Tallahassee, Florida 32308 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	President; Patricia Tassinari; 2599 Chumleigh Circle; Tallahassee, FL 32308 — ☒ Change ☐ Addition

CR2E037 (12/95)

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: Lori A Staalenburg (Lori A. Staalenburg) 8/14/96 488-2458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS 8/15/96