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

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

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

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 5609 Rustic Drive
Suite, Apt. #, etc.
27
City & State
28 Tallahassee, FL
Zip 29 32303 Country 30 USA

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

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) 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 12	
TITLE	☐ DELETE	1.1 TITLE	Secretary / Treasurer ☒ Change ☐ Addition
NAME		1.2 NAME	Lori A. Staalenburg
STREET ADDRESS		1.3 STREET ADDRESS	5609 Rustic Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Tallahassee, FLORIDA 32303
TITLE	☐ DELETE	2.1 TITLE	Director ☒ Change ☐ Addition
NAME		2.2 NAME	Teddi M. Watson
STREET ADDRESS		2.3 STREET ADDRESS	3667 Dexter Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tallahassee, FLORIDA 32308
TITLE	☐ DELETE	3.1 TITLE	Director ☒ Change ☐ Addition
NAME		3.2 NAME	Debby Cuddy
STREET ADDRESS		3.3 STREET ADDRESS	3656 Woodhill Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tallahassee, FLORIDA 32303
TITLE	☐ DELETE	4.1 TITLE	Director ☒ Change ☐ Addition
NAME		4.2 NAME	Brenda Mueller
STREET ADDRESS		4.3 STREET ADDRESS	3088 Huntington Woods Blvd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tallahassee, FLORIDA 32303
TITLE	☐ DELETE	5.1 TITLE	Director ☒ Change ☐ Addition
NAME		5.2 NAME	Roma L. Isaacs
STREET ADDRESS		5.3 STREET ADDRESS	460 Forest Green Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tallahassee, FLORIDA 32308
TITLE	☐ DELETE	6.1 TITLE	President ☒ Change ☐ Addition
NAME		6.2 NAME	Patricia Tassinari
STREET ADDRESS		6.3 STREET ADDRESS	2599 Chumleigh Circle
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tallahassee, FL 32308

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