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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 SEP 29 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N40146

1. Corporation Name

CAPITAL CITY OPTIMIST CLUB OF TALLAHASSEE, INC.

Principal Place of Business

5609 RUSTIC DR  
TALLAHASSEE FL 32303

Mailing Address

5609 RUSTIC DR  
TALLAHASSEE FL 32303



2. Principal Place of Business

21 1840 Meridoc Court  
Suite, Apt. #, etc.

22 City & State

23 Tallahassee, FL

24 Zip 32303

25 Country USA

2a. Mailing Address

26 1840 Meridoc Court  
Suite, Apt. #, etc.

27 City & State

28 Tallahassee, FL

29 Zip 32303

30 Country USA

3. Date Incorporated or Qualified

09/27/1990

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

9. Name and Address of Current Registered Agent

HOCKING, LORI A  
5609 RUSTIC DRIVE  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

Lori A. Hocking

82 Street Address (P.O. Box Number Is Not Acceptable)

1840 Meridoc Court

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

(NOTE: Registered Agent signature required when reinstating)

9/22/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	HOCKING, LORI A	
STREET ADDRESS	5609 RUSTIC DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, TEDDI M	
STREET ADDRESS	3667 DEXTER DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TASSINARI, PATRICIA	
STREET ADDRESS	1247 BRECKENRIDGE RUN	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUELLER, BRENDA	
STREET ADDRESS	3088 HUNTINGTON WOODS BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ISAACS, ROMA L	
STREET ADDRESS	460 FOREST GREEN DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SUTHERLAND, CHERI	
STREET ADDRESS	8297 OLD ST. AUGUSTINE RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lori A. Hocking	
1.3 STREET ADDRESS	1840 Meridoc Court	
1.4 CITY-ST-ZIP	Tallahassee, FL 32303	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gloria Barber	
5.3 STREET ADDRESS	1605 Hill-n-Dale, South	
5.4 CITY-ST-ZIP	Tallahassee, FL 32311	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Lori A. Hocking  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/99 (850) 488-2458  
DATE DAYTIME PHONE #

000766

CR2E037 (11/98)