

FILE NOW: FILING FEE IS \$61.25

FILED  
May 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46932** (2)

1. Corporation Name

**OPTIMIST CLUB OF WEST PALM BEACH, INC.**



Principal Place of Business <b>POB 2243 W PALM BEACH FL 33402-2243</b>	Mailing Address <b>POB 2243 W PALM BEACH FL 33402-2243</b>
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3. Date Incorporated or Qualified <b>01/21/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>59-6139128</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOMLINSON, ALLEN R.  
505 S FLAGLER DR  
STE 1100  
W PALM BEACH FL 33402**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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

Signature, typed or printed name 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	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, DAVID J</b>	1.2 NAME	
STREET ADDRESS	<b>222 RIDGEVIEW DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOBBS, THOMAS E</b>	2.2 NAME	<b>THOMAS E. HOBBS</b>
STREET ADDRESS	<b>432 FONTANA DR</b>	2.3 STREET ADDRESS	<b>605 N. Flagler Drive, 10th Floor</b>
CITY-ST-ZIP	<b>PALM SPRINGS FL</b>	2.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
TITLE	<b>PD</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOCHSTER, NANCY G</b>	3.2 NAME	<b>VP</b>
STREET ADDRESS	<b>301 LAKE SHORE DR #710</b>	3.3 STREET ADDRESS	<b>605 N. Flagler Drive, 10th Floor</b>
CITY-ST-ZIP	<b>LAKE PARK FL</b>	3.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33412</b>
TITLE	<b>VP</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWARD-SMITH, JOHN G</b>	4.2 NAME	<b>PD</b>
STREET ADDRESS	<b>350 VALLEY FORGE RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 43</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97 (561) 838-2261  
Date Daytime Phone # 0039655

CR2E037 (9/96)