

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 # N47231 (8)
1. Corporation Name
BAYSIDE OPTIMIST CLUB OF PENSACOLA, INC.



Principal Place of Business
**P. O. BOX 30431
PENSACOLA FL 32503
US**

Mailing Address
**P. O. BOX 30431
PENSACOLA FL 32503
US**

3. Date Incorporated or Qualified
02/06/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3045575		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country					
24		25					
City & State		City & State					
29		30					

9. Name and Address of Current Registered Agent

**BETTYE T GALYEAN
3000 LANGLEY AVE STE 401
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81	Name	Linda Shearlock
82	Street Address (P.O. Box Number is Not Acceptable)	1800 N. YATES AVE.
83		
84	City	PENSACOLA
85	State	FL
86	Zip Code	32503

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 *Linda Shearlock* 5-1-96
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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TODARO, SUSAN			1.2 NAME	Cheryl Magnes		
STREET ADDRESS	2114 AIRPORT BLVD #2000			1.3 STREET ADDRESS	4014 Gladstone Dr		
CITY-ST-ZIP	PENSACOLA FL			1.4 CITY-ST-ZIP	Pensacola, FL 32514		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GALYEAN, BETTYE T			2.2 NAME	Shearlock, Linda		
STREET ADDRESS	3000 LANGLEY AV SUITE #401			2.3 STREET ADDRESS	1800 N. YATES AVE		
CITY-ST-ZIP	PENSACOLA FL			2.4 CITY-ST-ZIP	PENSACOLA FL 32503		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STONE, CONNIE S			3.2 NAME	PAT CHURCH		
STREET ADDRESS	3584 VICTORY DRIVE			3.3 STREET ADDRESS	501 E. BURGESS #A-1		
CITY-ST-ZIP	PACE FL			3.4 CITY-ST-ZIP	PENSACOLA FL 32504		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGNES, CHERYL			4.2 NAME			
STREET ADDRESS	3755 POTOSI			4.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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: *Cheryl Magnes, Pres.* 5/1/96 904-476-1919
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)