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FILED

Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

P. O. BOX 30431
PENSACOLA FL 32503
USP. O. BOX 30431
PENSACOLA FL 32503-1431
US3. Date Incorporated or Qualified
02/06/19923a. Date of Last Report
05/01/1996

4. FEI Number

59-3045575

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDA SHEARLOCK
1800 N YATES AVE
PENSACOLA FL 32503

81 Name

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

83

84 City

FL

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 PD ☒ DELETE
NAME CHERYL MAGNES
STREET ADDRESS 4614 GLADSTONE DR
CITY-ST-ZIP PENSACOLA FL1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME SUSAN TODARO
1.3 STREET ADDRESS 2298 EQUESTRIAN WAY
1.4 CITY-ST-ZIP PENSACOLA FL 32534TITLE TD ☐ DELETE
NAME SHEARLOCK, LINDA
STREET ADDRESS 1800 N YATES AVE
CITY-ST-ZIP PENSACOLA FL2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 32503TITLE SD ☐ DELETE
NAME PAT CHURCH
STREET ADDRESS 501 E BUGESS #A-1
CITY-ST-ZIP PENSACOLA FL3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 5244 W. CHOCTAW AVE
3.4 CITY-ST-ZIP 32507TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: Linda Shearlock REQUIRED LINDA SHEARLOCK 1-27-97 904-478-1400

CR2E037 (9/96)