

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 # N93000000407 (7)

1. Corporation Name

THE OPTIMIST CLUB OF BOYNTON BEACH, INC.



Principal Place of Business

**396 N CONGRESS AVE.
BOYNTON BEACH FL 33426
US**

Mailing Address

**1899-9 N CONGRESS AVE
BOYNTON BEACH FL 33426**

2. Principal Place of Business

2a. Mailing Address

21 336 N Congress Ave

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State
23 Boynton Beach, FL**

27 City & State

**24 Zip
33426**

28 City & State

25 Palm Beach

**29 Zip
33426**

30 Country

9. Name and Address of Current Registered Agent

**JACOBS, SANFORD G
1899-9 N CONGRESS AVE
BOYNTON BEACH FL 33426**

3. Date Incorporated or Qualified

01/29/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0406013

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

10. Name and Address of New Registered Agent

81 Name

LEE M. LEMELL

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

2930 N.W. Commerce Park Drive

83

Building #3

84 City

Boynton Beach

FL

85 Zip Code

33426

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

LEE M. LEMELL, Secretary/Treasurer

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

(NOTE: Registered Agent Signature required when reinstating)

3-18-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
NAME
DELAND, NANCY M
STREET ADDRESS
2840 WAYNE RD.
CITY-ST-ZIP
WEST PALM BCH. FL**

TITLE ☒ DELETE

**D
NAME
JACOBS, SANFORD G
STREET ADDRESS
1301 N CONGRESS AVE SUITE 220
CITY-ST-ZIP
BOYNTON BEACH FL**

TITLE ☐ DELETE

**D
NAME
DIROMA, DR. MARK
STREET ADDRESS
1899-9 N. CONGRESS AVE
CITY-ST-ZIP
BOYNTON BCH. FL**

TITLE ☒ DELETE

**D
NAME
TAUB, RENEE
STREET ADDRESS
1670-1 STONEHAVEN DR.
CITY-ST-ZIP
BOYNTON BEACH FL**

TITLE ☐ DELETE

**D
NAME
DELAND, JAMES
STREET ADDRESS
2840 WAYNE ROAD
CITY-ST-ZIP
WEST PALM BEACH FL**

TITLE ☐ DELETE

**D
NAME
HERNANDEZ, ADRIANA
STREET ADDRESS
915 S.W. 27TH PLACE
CITY-ST-ZIP
BOYNTON BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

**P
1.2 NAME
CHRISTIE CAVANAUGH
1.3 STREET ADDRESS
2930 N.W. Commerce Park Drive
1.4 CITY-ST-ZIP
Boynton Beach, FL 33426**

2.1 TITLE ☐ Change ☒ Addition

**D
2.2 NAME
ROY FRAKER
2.3 STREET ADDRESS
N/A
2.4 CITY-ST-ZIP**

3.1 TITLE ☒ Change ☐ Addition

**D, V
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

4.1 TITLE ☒ Change ☐ Addition

**D
4.2 NAME
MARION MIRANDA
4.3 STREET ADDRESS
318 B-1 KNOX PINE Circle
4.4 CITY-ST-ZIP
Greenacres City, FL 33463**

5.1 TITLE ☐ Change ☒ Addition

**S, T, D
5.2 NAME
LEE M. LEMELL
5.3 STREET ADDRESS
2930 N.W. Commerce Park Drive
5.4 CITY-ST-ZIP
Boynton Beach, FL 33426**

6.1 TITLE ☒ Change ☐ Addition

**D, V
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96

DATE

407-582-6621

DAYTIME PHONE #

CR2E037 (12/95)