

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000407 (7)**

1. Corporation Name

THE OPTIMIST CLUB OF BOYNTON BEACH, INC.



Principal Place of Business 336 N. CONGRESS AVE. BOYNTON BEACH FL 33426 US	Mailing Address 336 N. CONGRESS AVE. BOYNTON BEACH FL 33426 US
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3. Date Incorporated or Qualified

01/29/1993

4. FEI Number

65-0406013

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIRANDI, MARION
318 B1 KNOTTY PINE CIR.
BUILDING 3
GREENACRES FL 33463**

81 Name **JANICE LEANNAIS**

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

83

84 City **BOYNTON BEACH FL** 85 Zip Code **33462**

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

Janice Leanna

JANICE LEANNAIS SEC/TRES

4-17-98

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	P	<input type="checkbox"/> DELETE
NAME	ROMA, MARK D. D	
STREET ADDRESS	1899-9N CONGRESS AVE.	
CITY-ST-ZIP	BOYNTON BEACH FL	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIROMA, DR. MARK	
1.3 STREET ADDRESS	1899-9N CONGRESS AVE.	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MOTE, DAVID	
STREET ADDRESS	1899-9 N. CONGRESS AVE.	
CITY-ST-ZIP	BOYNTON BEACH FL	

2.1 TITLE	S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEANNAIS, JANICE	
2.3 STREET ADDRESS	35 WINDHORE LANE	
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33462	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	DIROMA, DR. MARK	
STREET ADDRESS	1899-9 N. CONGRESS AVE	
CITY-ST-ZIP	BOYNTON BCH. FL	

3.1 TITLE	JP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RICHARDS, LARRY	
3.3 STREET ADDRESS	2660 FIORE WAY, #201	
3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	MIRANDI, MARION	
STREET ADDRESS	318-B-1 KNOTTY PINE CIRCLE	
CITY-ST-ZIP	GREENACRES CITY FL	

4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MIRANDI, MARION	
4.3 STREET ADDRESS	318-B-1 KNOTTY PINE CIRCLE	
4.4 CITY-ST-ZIP	GREENACRES CITY, FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DELAND, JAMES	
STREET ADDRESS	2840 WAYNE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CUMMINS, CHRIS	
STREET ADDRESS	2408 N.W. 14TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	

6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LEBEL, MARIA	
6.3 STREET ADDRESS	201 SOUTH "O" STREET	
6.4 CITY-ST-ZIP	LAKE WORTH FL 33460	

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.

SIGNATURE: *Maria A. Lebel* PRES. **3/31/98 6426233**

CR2E037 (1097)