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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90055 012 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000000407					
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		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/29/1993 4. FEI Number 65-0406013 Applied For No: Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LEANNAIS, JANICE 35 WINCHMORE LANE BOYNTON BCH FL 33462 33426			10. Name and Address of New Registered Agent 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 <input type="checkbox"/> DELETE NAME D STREET ADDRESS IROMA, MARK D CITY-ST-ZIP 1899-9N CONGRESS AVE. BOYNTON BEACH FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME D 1.3 STREET ADDRESS IROMA, MARK 1.4 CITY-ST-ZIP 1899-9N CONGRESS AVE. BOYNTON BCH., FL.	TITLE <input type="checkbox"/> DELETE NAME ST STREET ADDRESS LEANNAIS, JANICE CITY-ST-ZIP 35 WINCHMORE LANE BOYNTON BCH FL 33462	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME (ZIP CODE CHANGE ONLY) 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 33426
TITLE <input checked="" type="checkbox"/> DELETE NAME VP STREET ADDRESS RICHARDS, LARRY CITY-ST-ZIP 2660 FIORE WAY #201 DELRAY BCH FL 33445	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME VP. 3.3 STREET ADDRESS KING, MICHELLE 3.4 CITY-ST-ZIP 3871 INDIAN RIVER RUN BOYNTON BCH., FL 33437	TITLE <input checked="" type="checkbox"/> DELETE NAME D STREET ADDRESS MIRANDI, MARION CITY-ST-ZIP 318-B-1 KNOTTY PINE CIRCLE GREENACRES CITY FL	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME PRES. 4.3 STREET ADDRESS BALDO, BOB 4.4 CITY-ST-ZIP 7526 BRIARCLIFF CIRCLE LAKE WORTH, FL 33467
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS DELAND, JAMES CITY-ST-ZIP 2840 WAYNE ROAD 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 <input checked="" type="checkbox"/> DELETE NAME P STREET ADDRESS LEBEL, MARIA CITY-ST-ZIP 201 SOUTH O STREET LAKE WORTH FL 33460	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME VP. 6.3 STREET ADDRESS ZIMMERMAN, BOB 6.4 CITY-ST-ZIP 1311 SW 18TH CT. BOYNTON BCH., FL. 33426

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)