

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000003950 (3)**

1. Corporation Name  
**OPTIMIST CLUB LAKE WORTH WEST, INC.**



Principal Place of Business: **5705 LANTANA RD. LAKE WORTH FL 33463**  
Mailing Address: **5705 LANTANA RD. LAKE WORTH FL 33463**

3. Date Incorporated or Qualified: **08/31/1993**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0425416**  
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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25  
City & State: 27  
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent  
**GOLDBECK, BRIAN  
5428 THURSTON AVE  
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent  
81 Name: **Sal Cucinotta**  
82 Street Address (P.O. Box Number is Not Acceptable): **7314 Michigan Isle Road**  
83  
84 City: **Lake Worth** FL 85 Zip Code: **33467**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: *Sal Cucinotta* **Sal Cucinotta, President** DATE: \_\_\_\_\_  
Signature must be printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLDBECK, BRIAN</b>	
STREET ADDRESS	<b>5428 THURSTON AVE</b>	
CITY - ST - ZIP	<b>LAKE WORTH FL 33463</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COHEN, RICHARD</b>	
STREET ADDRESS	<b>6557 VIA REGINA</b>	
CITY - ST - ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GAYHART, SUE</b>	
STREET ADDRESS	<b>11231 MANATEE TERR.</b>	
CITY - ST - ZIP	<b>LAKEWORTH FL 33467</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLDBECK, JOYCE</b>	
STREET ADDRESS	<b>5428 THURSTON AVE</b>	
CITY - ST - ZIP	<b>LAKE WORTH FL 33463</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Sal Cucinoto</b>	
1.3 STREET ADDRESS	<b>7314 Michigan Isle Road</b>	
1.4 CITY - ST - ZIP	<b>Lake Worth, FL 33467</b>	
2.1 TITLE	<b>VP/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Randy Northrup</b>	
2.3 STREET ADDRESS	<b>5952 Ithaca Circle West</b>	
2.4 CITY - ST - ZIP	<b>Lake Worth, FL 33463</b>	
3.1 TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Joyce King</b>	
3.3 STREET ADDRESS	<b>5869 Dewitt Place</b>	
3.4 CITY - ST - ZIP	<b>Lake Worth, Florida 33463</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Joyce King* **Joyce King** DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 968-0080  
Customer Phone #

CR2E037 (12/95)