FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 6:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/12/95--01109--015
DO NOT WRITE IN THIS SPACE ****130.00 ****130.00

DOCUMENT # N94000001203 (8)

1. Corporation Name
PALM HARBOR OPTIMIST BREAKFAST CLUB, INC.

Principal Place of Business	Mailing Address
C/O CAROLYN WEBBER-SCHUERMANN 2708 ALT. 19 NORTH. #601 PALM HARBOR FL 34682	C/O CAROLYN WEBBER-SCHUERMANN 2708 ALT. 19 NORTH. #601 PALM HARBOR FL 34682

3. Date Incorporated or Qualified: 03/07/1994
3a. Date of Last Report:
4. FEI Number: Applied For ☐ Not Applicable ☒

2. Principal Place of Business
21: 1026 Florida Ave
22: Suite, Apt. #, etc.
23: City & State: PALM HARBOR
24: Zip: 34683
25: Country: USA

2a. Mailing Address
26: P.O. Box 175
27: Suite, Apt. #, etc.
28: City & State: Palm Harbor, Fl
29: Zip: 34682-175
30: Country: USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEBBER-SCHUERMANN, CAROLYN
2708 ALT. 19 NORTH, #601
PALM HARBOR FL 34682

10. Name and Address of New Registered Agent

81 Name: Robert Kohler
82 Street Address (P.O. Box Number is Not Acceptable): 2456 APPALOOSA TRAIL
83
84 City: PALM HARBOR FL 85 Zip Code: 34685

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes

SIGNATURE: Robert L. Kohler
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	11 TITLE	PD	☒ Change ☐ Addition
NAME	WEBBER-SCHUERMANN, CAROLYN	12 NAME	KOHLER, ROBERT	
STREET ADDRESS	2708 ALT. 19 NO. #601	13 STREET ADDRESS	2456 Appaloosa Trail	
CITY ST ZIP	PALM HARBOR FL 34682	14 CITY ST ZIP	Palm Harbor, Fl 34685	
TITLE	VD	21 TITLE	STD	☐ Change ☒ Addition
NAME	SCHUERMANN, DENNIS	22 NAME	Elaine H. Kohl	
STREET ADDRESS	2708 ALT. 19 NO. #601	23 STREET ADDRESS	3504 Briarwood Ln	
CITY ST ZIP	PALM HARBOR FL 34682	24 CITY ST ZIP	Safety Harbor, Fl 34695	
TITLE	VD	31 TITLE	VD	☐ Change ☒ Addition
NAME	KOHLER, ROBERT	32 NAME	Christine Ward	
STREET ADDRESS	2456 APPALOOSA TRAIL	33 STREET ADDRESS	25 N. Belcher Rd Apt. E-141	
CITY ST ZIP	PALM HARBOR FL 34685	34 CITY ST ZIP	Clearwater FL 34625	
TITLE	STD	41 TITLE	D	☒ Change ☐ Addition
NAME	MAYNARD, DORIS	42 NAME	MARY SPERLAZZA	
STREET ADDRESS	1501 VALENCIA STREET	43 STREET ADDRESS	2717 Brattle Ln	
CITY ST ZIP	CLEARWATER FL 34616	44 CITY ST ZIP	Clearwater, Fl 34621	
TITLE	D	51 TITLE	D	☐ Change ☒ Addition
NAME	SPERLAZZA, MARY	52 NAME	Cathy Rogers	
STREET ADDRESS	2717 BRATTLE LANE	53 STREET ADDRESS	956 Tradewinds Trail	
CITY ST ZIP	CLEARWATER FL 34621	54 CITY ST ZIP	Palm Harbor, Fl 34683	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		CH

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)(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: Robert L. Kohler 2/19/95 813 785 1810
SIGNATURE AND TYPED OR PRINTED NAME OF BIDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0098147