

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000001203 (8)  
1. Corporation Name

PALM HARBOR OPTIMIST BREAKFAST CLUB, INC.



Principal Place of Business

1026 FLORIDA AVE.  
PALM HARBOR FL 34683

Mailing Address

P.O. BOX 175  
PALM HARBOR FL 34682-175

3. Date Incorporated or Qualified  
03/07/1994

3a. Date of Last Report  
05/01/1995

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

24

25

29

30

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

KOHLER, ROBERT  
2456 APALOOSA TRAIL  
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81 Name

WARD, CHRISTINE

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

25 N BELCHER RD APT I-141

83

84 City

CLEARWATER

FL

85 Zip Code

34625

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

*Christine Ward*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME KOHLER, ROBERT  
STREET ADDRESS 2456 APPALOOSA TRAIL  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE VD ☒ DELETE  
NAME SCHUERMANN, DENNIS  
STREET ADDRESS 2708 ALT. 19 NO. #601  
CITY-ST-ZIP PALM HARBOR FL 34682

TITLE VD ☐ DELETE  
NAME KOHLER, ROBERT  
STREET ADDRESS 2456 APPALOOSA TRAIL  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D ☐ DELETE  
NAME SPERLAZZA, MARY  
STREET ADDRESS 2717 BRATTLE LN.  
CITY-ST-ZIP CLEARWATER FL 34621

TITLE STD ☒ DELETE  
NAME KOHL, ELAINE H  
STREET ADDRESS 3304 BRIARWOOD LN.  
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE VD ☐ DELETE  
NAME WARD, CHRISTINE  
STREET ADDRESS 25 N. BELCHER RD. APT. I-141  
CITY-ST-ZIP CLEARWATER FL 34625

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME CHRISTINE WARD, 94  
1.3 STREET ADDRESS 25 N BELCHER RD APT I-141  
1.4 CITY-ST-ZIP CLEARWATER FL 34625

2.1 TITLE STD ☒ Change ☐ Addition  
2.2 NAME CUSTIN, GERALD  
2.3 STREET ADDRESS 1849 5TH AVE PALM HARBOR FL  
2.4 CITY-ST-ZIP 34685

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE VD ☒ Change ☐ Addition  
5.2 NAME PAMELA PLUM, 74  
5.3 STREET ADDRESS 804 FRANKLIN CIRCLE  
5.4 CITY-ST-ZIP PALM HARBOR FL 34683

6.1 TITLE D ☒ Change ☐ Addition  
6.2 NAME FRANKIE  
6.3 STREET ADDRESS FIELDS, CONNIE  
6.4 CITY-ST-ZIP 1021 15TH STREET  
PALM HARBOR FL 34683

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:

*Christine Ward*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0015514

CR2E037 (3/96)