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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34682-0175



2. Principal Place of Business

21 **1849 SPUR LANE**

Suite, Apt. #, etc

22 City & State

23 **PALM HARBOR FL**

24 Zip **34685**

Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
03/07/1994

3a. Date of Last Report
06/24/1996

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

**WARD, CHRISTINE
25 N BELCHER RD, APT 1-141
CLEARWATER FL 34625**

10. Name and Address of New Registered Agent

81 Name **MARY WOLFE**
82 Street Address (P.O. Box Number is Not Acceptable)
1835 SHARONDALE
83
84 City **CLEARWATER** FL 85 Zip Code **34615**

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

Mary Wolfe
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-17-97
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **WARD, CHRISTINE**
STREET ADDRESS **25 N BELCHER RD, APT 1-141**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **STD** ☐ DELETE
NAME **CUSTIN, GERALD**
STREET ADDRESS **1849 SPUR LANE**
CITY-ST-ZIP **PALM HARBOR FL**

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

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

TITLE **VD** ☒ DELETE
NAME **PRUE, PAMELA S**
STREET ADDRESS **804 FRANKLIN CIRCLE**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **D** ☐ DELETE
NAME **FIELDS, CONNIE**
STREET ADDRESS **1021 159 STREET**
CITY-ST-ZIP **PALM HARBOR FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **WARD, CHRISTINE**
1.3 STREET ADDRESS **25 N BELCHER RD APT 1-141**
1.4 CITY-ST-ZIP **CLEARWATER, FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **KOHLER, ROBERT**
3.3 STREET ADDRESS **2456 APPALOOSA TRAIL**
3.4 CITY-ST-ZIP **PALM HARBOR, FL**

4.1 TITLE **PD** ☒ Change ☐ Addition
4.2 NAME **WOLFE, MARY**
4.3 STREET ADDRESS **1835 SHARONDALE DR**
4.4 CITY-ST-ZIP **CLEARWATER, FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **WOLFE, DON**
5.3 STREET ADDRESS **1835 SHARONDALE**
5.4 CITY-ST-ZIP **CLEARWATER**

6.1 TITLE **200002127882**
6.2 NAME **-03/28/97--01143--013**
6.3 STREET ADDRESS *****70.00**
6.4 CITY-ST-ZIP

14. I do 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 signature appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gerald Custin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97
Date

Daytime Phone # **0068551**

CR2E037 (9/96)