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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000000571**

1. Corporation Name

**THE OPTIMIST CLUB FOUNDATION OF DUNEDIN, FL, INC**

Principal Place of Business

**596 BAYWOOD DRIVE NORTH  
DUNEDIN FL 34698**

Mailing Address

**P.O. BOX 1731  
DUNEDIN FL 34697-1731  
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**02/06/1995**

4. FEI Number

**59-3283978**

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

9. Name and Address of Current Registered Agent

**WALSTON, JAY  
2032 PRINCETON AVE  
DUNEDIN FL 34698**

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

**2-10-99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PST  
WALTON, JAY**  
STREET ADDRESS **2032 PRINCETON AVE**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☒ DELETE

NAME **D  
AULETTA, VINCENT S**  
STREET ADDRESS **1661 DOUGLAS AVE**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ DELETE

NAME **D  
NYSTROM, PAUL H**  
STREET ADDRESS **1665 CINNAMON LANE**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ DELETE

NAME **D  
O'CONNELL, ROBERT E**  
STREET ADDRESS **2456 BAYWOOD DR W**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ DELETE

NAME **D  
LONGEST, ELMER**  
STREET ADDRESS **1451 MAIN ST.**  
CITY-ST-ZIP **DUNEDIN FL**

TITLE ☐ DELETE

NAME **D  
TOSCANI, CAROL C.**  
STREET ADDRESS **2182 CHANTILLY LANE**  
CITY-ST-ZIP **DUNEDIN FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

**S. J. Walton**

**SIGNATURE REQUIRED**

**2-10-99**

**77-733-8572**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)