

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996 2-7-96 B-0853 C

DIVISION OF CORPORATIONS

DOCUMENT # N95000004080 (6)

1. Corporation Name

EASTSIDE OPTIMISTS, INC.



Principal Place of Business

Mailing Address

715 PLANTATION CIRCLE
PANAMA CITY FL 32404

715 PLANTATION CIRCLE
PANAMA CITY FL 32404

3. Date Incorporated or Qualified

08/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 632 Old Hickory ST
Suite, Apt. #, etc.

26 632 Old Hickory ST
Suite, Apt. #, etc.

4. FEI Number

59-3343859

Applied For

Not Applicable

22 City & State

23 Panama City, FL

24 32404 25 Country

26 32404 27 Country

28 Panama City, FL

29 32404 30 Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

BAUMAN, RICHARD A
715 PLANTATION CIRCLE
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name

Mapetz, Mark

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

632 Old Hickory ST.

83 City

Panama City, FL

85 Zip Code

32404

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

Mark A. Gapetz

Mark A. Gapetz

1-31-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BAUMAN, RICHARD A
STREET ADDRESS 715 PLANTATION CIRCLE
CITY-ST-ZIP PANAMA CITY FL 32404 ☒ DELETE

TITLE VD
NAME JONES, HARRISON
STREET ADDRESS 1306 EVERGREEN COURT
CITY-ST-ZIP PANAMA CITY FL 32404 ☐ DELETE

TITLE STD
NAME RICHARDSON, TINA
STREET ADDRESS 193 DERBY WOODS DRIVE
CITY-ST-ZIP LYNN HAVEN FL 32444 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE PD
1.2 NAME Mapetz, Mark
1.3 STREET ADDRESS 632 Old Hickory ST.
1.4 CITY-ST-ZIP Panama City, FL 32404 ☒ Change ☒ Addition

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

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Mark A. Gapetz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-96 904-769-5141

CR2E037 (12/95)