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Jan 30 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 # **N95000004080 (6)**

1. Corporation Name

EASTSIDE OPTIMISTS, INC.



Principal Place of Business	Mailing Address
632 OLD HICKORY STREET PANAMA CITY FL 32404 US	632 OLD HICKORY STREET PANAMA CITY FL 32404-8266 US

2. Principal Place of Business		3a. Date of Last Report	
21 607 S. Tyndall Pkwy.		08/24/1995	
22 Suite, Apt. #, etc.		3a. Date of Last Report	
22		02/07/1996	
23 City & State		4. FEI Number	
23 Panama City, FL		59-3343859	
24 Zip		Applied For	
24 32404		Not Applicable	
25 Country		5. Certificate of Status Desired	
25 US		8.75 Additional Fee Required	
26 City & State		6. Election Campaign Financing	
26 Panama City, FL		Trust Fund Contribution	
27 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
27 32404		Yes No	
28 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
28 US		Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GAPETZ, MARK 632 OLD HICKORY STREET PANAMA CITY FL 32404		81 Name Tina Richardson	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		193 Derby Woods Drive	
		83	
		84 City Lynn Haven	
		FL	
		85 Zip Code	
		32444	

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 *Tina Richardson* TINA RICHARDSON, PRESIDENT 1-21-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GAPETZ, MARK	1.2 NAME	RICHARDSON, TINA
STREET ADDRESS	632 OLD HICKORY STREET	1.3 STREET ADDRESS	193 DERBY WOODS DRIVE
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	VD	2.1 TITLE	VD
NAME	JONES, HARRISON	2.2 NAME	DEE CASSIDY
STREET ADDRESS	1306 EVERGREEN COURT	2.3 STREET ADDRESS	1328 E. PARK RD.
CITY-ST-ZIP	PANAMA CITY FL 32404	2.4 CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	STD	3.1 TITLE	STD
NAME	RICHARDSON, TINA	3.2 NAME	DEBBIE DRISKELL
STREET ADDRESS	193 DERBY WOODS DRIVE	3.3 STREET ADDRESS	307 WILSON AVE. #11
CITY-ST-ZIP	LYNN HAVEN FL 32444	3.4 CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Debbie Driskell* DEBBIE DRISKELL 1-21-97 001 712 1591

CR2E037 (9/96)