


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

**607 S TYNDALL PKWY
PANAMA CITY FL 32404
US**

**607 S TYNDALL PKWY
PANAMA CITY FL 32404
US**

3. Date Incorporated or Qualified

08/24/1995

4. FEI Number

59-3343859

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **1328 E Park Rd**

22 City & State

27 City & State

23 Zip

Country

28 **Panama City, FL**

24 Zip

25 Country

29 **32404**

County

30 **Bay**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHARDSON, TINA
193 DERBY WOODS DR
LYNN HAVEN FL 32444**

81 Name

William B Travis

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

5116 Collins St

83

84 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

[Signature]

William B Travis

2-19-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **PD RICHARDSON, TINA**
STREET ADDRESS **193 DERBY WOODS DR**
CITY - ST - ZIP **LYNN HAVEN FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD William B Travis**
1.3 STREET ADDRESS **5116 Collins St**
1.4 CITY - ST - ZIP **Panama City, FL 32404**

TITLE ☒ DELETE
NAME **DV DEE, CASSIDY**
STREET ADDRESS **1328 E PARK ROAD**
CITY - ST - ZIP **PANAMA CITY FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **DV Harry R Kurtzrock Jr.**
2.3 STREET ADDRESS **7088 Hugh Dr**
2.4 CITY - ST - ZIP **Panama City, FL 32404**

TITLE ☒ DELETE
NAME **TDS DRISKELL, DEBBIE**
STREET ADDRESS **307 WILSON AVE #11**
CITY - ST - ZIP **PANAMA CITY FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **TDS DEE CASSIDY**
3.3 STREET ADDRESS **1328 E Park Rd**
3.4 CITY - ST - ZIP **Panama City, FL 32404**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE: *[Signature]* **Dee Cassidy** **2-19-98** **(850) 636-6591**

CR2E037 (10/97)