


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000002179 (7)**

1. Corporation Name

THE DESTIN OPTIMIST CLUB, INC.



Principal Place of Business POST OFFICE BOX 876 DESTIN FL 32540	Mailing Address POST OFFICE BOX 876 DESTIN FL 32540
---	---

3. Date Incorporated or Qualified

04/18/1996

4. FEI Number

36-3989575

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

**ABRELL, RAY
781 SPRING LAKE DRIVE
DESTIN FL 32541**

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

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HELMICH, KEVIN	
STREET ADDRESS	23 DORAL DRIVE	
CITY-ST-ZIP	SHALIMAR FL 32541	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HYMAN, JOAN	
STREET ADDRESS	1170 BAY COURT	
CITY-ST-ZIP	DESTIN FL 32541	

TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	TISON, HARLEY	
STREET ADDRESS	381 SANTA ROSA BLVD	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALDRON, ROBERT	
STREET ADDRESS	28 MORENO POINT ROAD #H	
CITY-ST-ZIP	DESTIN FL 32541	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOPKINS, BILL	
STREET ADDRESS	757 HIGHWAY 98-E 14-163	
CITY-ST-ZIP	DESTIN FL 32541	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kreacht Thomas	
1.3 STREET ADDRESS	829 Hwy 98E	
1.4 CITY-ST-ZIP	Destin, FL 32541	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

1/3/98 (8P) 654-6912

CR2E037 (10/97)