

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # N96000002179**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**04/18/1996**

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**36-3989575**

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

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

24

25

29

30

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)

**3/9/99**

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD**  
**KNOCHT, THOMAS**  
**829 HWY 98 E**  
**DESTIN FL 32541**

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**VP**  
**Kracht, Thomas**  
**829 Hwy 98 E**  
**Destin, FL 32541**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD**  
**HYMAN, JOAN**  
**1170 BAY COURT**  
**DESTIN FL 32541**

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
**P**  
**Hyman, Joan**  
**1170 Bay Court**  
**Destin, FL 32541**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVPD**  
**TISON, HARLEY**  
**381 SANTA ROSA BLVD**  
**FORT WALTON BEACH FL 32547**

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
**VP**  
**Harley, Tison**  
**381 Santa Rosa Blvd.**  
**Fort Walton Beach, FL 32547**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**WALDRON, ROBERT**  
**28 MORENO POINT ROAD #H**  
**DESTIN FL 32541**

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
**D**  
**Waldron, Robert**  
**28 Moreno Point Rd. #H**  
**Destin, FL 32541**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**HOPKINS, BILL**  
**757 HIGHWAY 98-E 14-163**  
**DESTIN FL 32541**

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
**S/T**  
**Neal, Mary**  
**2499 Bay Grove Rd.**  
**Freeport, FL 32439**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-9-99** **850-729-882**  
Date Daytime Phone #

CR2E037 (11/98)