

FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004777

1. Corporation Name

CHARLOTTE COUNTY OPTIMIST CLUB, INC.

Principal Place of Business
23498 GARRETT AVE
PORT CHARLOTTE FL 33954

Mailing Address
C/O JUNE GRIFFITHS
23498 GARRETT AVE
PORT CHARLOTTE FL 33954



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/13/1996 4. FEI Number 65-0701406 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

GRIFFITHS, JUNE E
23498 GARRETT AVE
PORT CHARLOTTE FL 33954

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWART, STEVE	1.2 NAME	
STREET ADDRESS	P.O. BOX 21900 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33949	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDER, NANCY	2.2 NAME	
STREET ADDRESS	25167 ROSAMOND CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITHS, JUNE	3.2 NAME	
STREET ADDRESS	23498 GARRETT AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, VERNON	4.2 NAME	
STREET ADDRESS	495 NORTHVIEW ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNWELL, JOE	5.2 NAME	
STREET ADDRESS	1611 SUZI ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALZANO, JUDY	6.2 NAME	FRANCES DANILSON
STREET ADDRESS	2325 MCBURNEY	6.3 STREET ADDRESS	3551 MONTGOMERY DR.
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	6.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33981

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 and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR2E037 (1/98)