

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Santra B. Martha
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #N97000000041

1. Corporation Name

OPTI-MYSTICS FOUNDATION OF BAY COUNTY, INC.

Principal Place of Business

Jenks Avenue
P.O. Box 16293
Panama City, FL 32405

Mailing Address

P.O. Box 16293
Panama City, FL 32405

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

Zimmerman, Nevin J.
1510 Wildridge Road
Lynn Haven, FL 32444

3. Date Incorporated or Qualified

12/27/96

4. FEI Number

59-3298611

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

81 Name

Russell B. Drake

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

153 Legend Lakes Drive

83

84 City

Panama City

FL

85 Zip Code

32411

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

RUSSELL B. DRAKE

Signature type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Middleton, James R. ☐ DELETE
1316 Pompano Road
Panama City, FL 32411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Zimmerman, Nevin J. ☒ DELETE
1510 Wildridge Road
Lynn Haven, FL 32444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
McMahon, Patricia ☒ DELETE
2313 West 33rd Street
Panama City, FL 32405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Drake, Russell B. ☐ DELETE
153 Legend Lakes Drive
Panama City, FL 32411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Conrad, Ted H. ☐ Change ☒ Addition
3701 Tippecanoe Lane
Southport, FL 32409

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Pitts, Janet ☐ Change ☒ Addition
4034 Hobbs Road
Southport, FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Conrad, Ina Joy ☐ Change ☒ Addition
3701 Tippecanoe Lane
Southport, FL 32409

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition
7000002504317--8
-04/29/98 -01007--001
****122.50 ****122.50

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

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.

SIGNATURE:

RUSSELL B. DRAKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/98

850-234-4393

Date

Daytime Phone #

FILED

98 APR 22 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E037 (10/97)