FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9700002488

PALMETTO FL 34221

OPTIMIST CLUB OF PALMETTO, FL, INC.

Principal Place of Business HETT FAIRWAY OAKS DR

Mailing Address

4014 FAIRWAY OAKS DR PALMETTO FL 34221

FILED Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90011 002 ****61.25



2. Principal P	lace of Business	2a. Mailing Address	1-1	3. Date Incorporated or Qualifed	
21 Palr	netto, FL	26 See	above	05/01/1997	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		36-4133417	Not Applicable
City & State	mettoFL	28 Et Pal	metro, FL	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24 342	21 25 Monatee	29 3422/ 30	Monofee	Trust Fund Contribution	Added to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
81 Name C/				lyde M. BoLfz	
HARSHMAN; E G			82 Street Address (P.O. Box Number is Not Acceptable)		
1614 FAIRWAY OAKS DR			76/2	L FOIRWOY WOKS	νν
PALMETTO FL 34221					
			84 City Pa	lmetto FI	85 Zip Code 3 4 2 2 1
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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered					
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida/Statunes.					
SIGNATURE (1412 NI. 130 LFZ CYCLEMII. Date 17799					
10	Signature, typed or printed name of registered agent		egistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE	ABBITIONS/CITATIGES TO CITTIGETO A	☐ Change ☐ Addition
TITLE	D				
NAME	WHITE, GERALD A		1.2 NAME		
STREET ADDRESS	700-8TH AVE W		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221	☐ DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	D	□ pere ie	2.1 TITLE		
NAME	MAUGER, ROBERT L		2.2 NAME		
STREET ADDRESS	2414 FAIRWAY OAKS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221	COLUETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	D	☐ DELETE	3.1 TITLE		☐ Criginge ☐ Modition
NAME	BOLTZ, JUNE		3.2 NAME		
STREET ADDRESS	1612 FAIRWAY OAKS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221	red man rare	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	D	(DELETE	4.1 TITLE		☐ cuange ☐ vacapou
NAME	BRIGHT, KENNY		4. 2 NAME		
STREET ADDRESS	1115 10TH ST W		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221		4.4 CITY-ST-ZIP		Change DA4591-
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RIDINGS, JAY		5.2 NAME		
STREET ADDRESS	1115 10 ST W		5.3 STREET ADDRESS		•
CITY-ST-ZIP	PALMETTO FL 34221		5.4 CITY-ST-ZIP		
TITLE	D	DELETE	6.1 TITLE	614 Fair was Ocks D.	Change
NAME	HANNAFORD, REX		6.2 NAME	614 Fair Way Ooks Di	
STREET ADDRESS	1909 5 ST WEST		6.3 STREET ADDRESS	21 1/2 1/2 2	4221
1	DALLETTO EL GAGGA		EACITY ST 710	ralmetta rL S	W 1.7.1

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. PALMETTO FL 34221

SIGNATURE: