

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 06, 1999 8:00 am
Secretary of State

03-06-1999 90057 008 ****61.25

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1. Corporation Name

BAYFRONT OPTIMIST CLUB, INC.

Principal Place of Business

T. GARDNER BAYLESS III
181-78TH AVE. NO.
ST. PETERSBURG FL 33702

Mailing Address

T. GARDNER BAYLESS III
181-78TH AVE. NO.
ST. PETERSBURG FL 33702



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
06/27/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
36-4120140

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ **\$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

BAYLESS, T. GARDNER III
181-78TH AVE. NO.
ST. PETERSBURG FL 33702

81 Name **Beth Howard**
82 Street Address (P.O. Box Number is Not Acceptable)
7300 Sunshine Skyway Ln
83 **# 101**
84 City **St Petersburg** **FL** 85 Zip Code **33711**

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

Beth Howard

2/12/99

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 ☐ DELETE
NAME **PD**
STREET ADDRESS **BAYLESS, GARDNER**
CITY-ST-ZIP **181 78TH AVE N**
ST. PETERSBURG FL 33702

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD**
1.3 STREET ADDRESS **Beth Howard**
1.4 CITY-ST-ZIP **7300 Sunshine Skyway Ln #101**
St Petersburg, FL 33711

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **HOWARD, BETH**
CITY-ST-ZIP **7300 SUNSHINE SKYWAY LANE #101**
ST. PETERSBURG FL 33711

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VPD**
2.3 STREET ADDRESS **Doug Hanson**
2.4 CITY-ST-ZIP **918 59th Ave**
St Petersburg, BEACH FL 33706

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **HANSON, DOUGLAS**
CITY-ST-ZIP **918 59TH AVE**
ST. PETERSBURG BEACH FL 33706

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **STD**
3.3 STREET ADDRESS **Linda Paulstys**
3.4 CITY-ST-ZIP **6400 15 Street N**
St Petersburg, FL 33702

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Don A. Paulstys **2-6-99 (727) 893-7732**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)