FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION 1 4 1 ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000003818 (8)

OPTIMIST YOUTH FOUNDATION, INC.

Principal Place of Business Mailing Address 2516 SILVER LAKE AVE 2516 SILVER LAKE AVE 3. Date incorporated or Qualified TAMPA FL 33614 TAMPA FL 33614 <u>07/01/1997</u> 4. FEI Number Applied For Not Applicable 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Г Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PATEL, NILESH M 82 Street Address (P.O. Box Number is Not Acceptable) 610 W DELEON ST 83 OLD HYDE PARK TAMPA FL 33606 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE de la l'ortilla 1.2 NAME NAME Silver Lake Aut. STREET ADDRESS 1.3 STREET ADDRESS 2516 Tampa, FL 33614 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE v/T/D Midrelino de la Portilla NAME 2.2 NAME 2516 Silver Lake Ave. STREET ADDRESS 2.3 STREET ADDRESS Tampa, FL 33614 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE MIGDALIA SANTANA 3.2 NAME NAME 3107 D CARLTON ARMS DRIVE STREET ADDRESS 3.3 STREET ADDRESS TAMPA. FL 33614 CITY-ST-ZIP 3.4. CITY - \$7 - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TUTLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

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 tegal 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 chapted, or on an attachment with an address.

6.4 CITY-ST-ZIP

FILED

Oct 07 1998 8:00am

Secretary of State