SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

APPROVED
AND
FILED

98 NOV 24 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004336

1. Corporation Name
OPTIMIST CLUB OF PORT ST. JOE, FLORIDA, INC.

Principal Place of Business	Mailing Address
222 REID AVE. PORT ST. JOE, FL 32456	222 REID AVE. PORT ST. JOE, FL. 32456

3. Date Incorporated or Qualified: JULY 31, 1997

4. FEI Number: 91-1830631 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BILL LAINE 222 REID AVE. PORT ST. JOE, FL. 32456	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 200002699182--6 83 -12/01/98--01060--033 ******8.75 84 City FL 85 Zip Code ******8.75

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.

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-12/01/98--01060--034
SIGNATURE ******61.25 DATE ******61.25

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☒ DELETE	1.1 TITLE	PRESIDENT / DIRECTOR	☑ Change ☐ Addition
NAME	BILL LAINE		1.2 NAME	CLETUS HEARS	
STREET ADDRESS	222 REID AVE		1.3 STREET ADDRESS	401 PONDEROSA DRIVE	
CITY-ST-ZIP	PORT ST. JOE, FL 32456		1.4 CITY-ST-ZIP	PORT ST. JOE, FL 32456	
TITLE	ALLEN NORRIS	☑ DELETE	2.1 TITLE	SECRETARY - TREASURER / DIR.	☑ Change ☐ Addition
NAME	1803 GARRISON AVE		2.2 NAME	PERRY J. MCFARLAND	
STREET ADDRESS	PORT ST. JOE, FL		2.3 STREET ADDRESS	109 YAUPON ST.	
CITY-ST-ZIP	1 ST. VICE-PRESIDEN / DIRECTOR		2.4 CITY-ST-ZIP	PORT ST. JOE, FL 32456	
TITLE	DIRECTOR	☑ DELETE	3.1 TITLE	1ST VICE-PRESIDENT / DIR.	☑ Change ☐ Addition
NAME	FRANCES GRAHAM		3.2 NAME	TROY FAIRCHILD	
STREET ADDRESS	P.O. BOX 594		3.3 STREET ADDRESS	288 DUVAL ST.	
CITY-ST-ZIP	PORT ST. JOE, FL 32456		3.4 CITY-ST-ZIP	PORT ST. JOE, FL 32456	
TITLE	DIRECTOR	☑ DELETE	4.1 TITLE	2ND VICE-PRESIDENT / DIR.	☑ Change ☐ Addition
NAME	BOB WINDOLF		4.2 NAME	MICHELE QUINTANA	
STREET ADDRESS	143 HUNTER CIRCLE		4.3 STREET ADDRESS	615 MARVIN AVENUE	
CITY-ST-ZIP	PORT ST. JOE, FL. 32456		4.4 CITY-ST-ZIP	PORT ST. JOE, FL. 32456	
TITLE	DIRECTOR	☑ DELETE	5.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	SHERRY SMITH		5.2 NAME	BILL LAINE	
STREET ADDRESS	357 POMPANO ST.		5.3 STREET ADDRESS	222 REID AVE.	
CITY-ST-ZIP	PORT ST. JOE, FL 32456		5.4 CITY-ST-ZIP	PORT ST. JOE, FL. 32456	
TITLE		☐ DELETE	6.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME			6.2 NAME	CAROL UTZINGER	
STREET ADDRESS			6.3 STREET ADDRESS	113 MONICA DRIVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	PORT ST. JOE, FL 32456	

CR2E037 (5/98)

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: Perry J. McFarland PERRY J. MCFARLAND 11-23-98 850-229-6153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OPTIMIST CLUB OF PORT ST. JOE

OPTIMIST INTERNATIONAL®
4494 Lindell Blvd St Louis Mo 63108 314 371 6000

222 REID AVENUE
PORT ST. JOE, FL 32456

Friend of Youth®

NOVEMBER 23, 1998

PER YOUR INSTRUCTIONS ON TELEPHONE 11-17-98, I AM RESUBMITTING OUR ANNUAL REPORT.

WE NEVER RECEIVED THE INITIAL (FIRST) REPORT FORM. WHEN I RECEIVED THE SECOND NOTICE, I FILLED OUT THE REPORT AND MADE OUT A CHECK FOR $61.25 AND MAILED IT ON JULY 8, 1998. THE CHECK HAS NOT CLEARED THE BANK AND OBVIOUSLY, YOU HAVE NOT RECEIVED THE REPORT AND CHECK. I AM NOW INSTRUCTING OUR BANK, CITIZENS FEDERAL SAVINGS BANK OF PORT ST. JOE TO CANCEL THAT CHECK (#521), AND I AM SENDING YOU A NEW CHECK #527 ALONG WITH THIS REPORT. A SEPARATE CHECK IN THE AMOUNT OF $8.75 IS ENCLOSED FOR A CERTIFICATE OF STATUS.

WE SINCERELY HOPE THIS WILL CLEAR UP OUR NON-PROFIT CORPORATION STATUS AS BEING IN ADMINISTRATIVE DISSOLUTION. THIS IS THE FIRST TIME OUR CLUB HAS FILED THIS REPORT, BUT I CAN ASSURE YOU THAT WE NOW KNOW THE DATES AND PROCEDURES THAT HAVE TO BE MET AND WE WILL MEET THEM.

RESPECTFULLY,

Perry J. McFarland

SEC./TREA.