

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 # N97000004336

1. Corporation Name

OPTIMIST CLUB OF PORT ST JOE  
FLORIDA, INC.

Principal Place of Business

BURNED

Mailing Address

222 REID AVE  
PORT ST. JOE, FL. 32456

2. Principal Place of Business

21 230 REID AVE

Suite, Apt. #, etc.

22 City & State

23 PORT ST. JOE, FL

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9. Name and Address of Current Registered Agent

BILL LAINE  
222 REID AVE  
PORT ST. JOE, FL. 32456

10. Name and Address of New Registered Agent

81 Name CLETUS HEAPS  
82 Street Address (P.O. Box Number is Not Acceptable)  
401 PONDEROSA DRIVE  
83  
84 City PORT ST. JOE FL 85 Zip Code 32456

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 *Chetan S. Khan*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-25-99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P CLETUS HEAPS	401 PONDEROSA DRIVE	PORT ST. JOE, FL. 32456
	P PERRY J. MCFARLAND	109 YAUPON ST.	PORT ST. JOE, FL. 32456
	TROY FAIRCCHILD	288 DUVAL ST.	PORT ST. JOE, FL. 32456
	MICHELE QUINTANA	615 MARVIN AVE.	PORT ST. JOE, FL. 32456
	BILL LAINE	222 REID AVE	PORT ST. JOE, FL. 32456
	CAROL UTZINGER	118 MONICA DRIVE	PORT ST. JOE, FL. 32456

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	800003018698	-10/19/99-01071--004	*****61.25 *****61.25
	800003018698	-10/19/99-01071--005	*****8.75 *****8.75
	Irene Acre	477 PONDEROSA DRIVE	PORT ST. JOE, FL. 32456
	BILL LAINE	205 8TH STREET	PORT ST. JOE, FL. 32456

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: *Perry J. McFarland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-99

Date

850-229-6153

Daytime Phone #

CR2E037 (1/98)