

FLORIDA DEPARTMENT OF STATE

Katherine Ḥarris

Secretary of State DIVISION OF CORPORATIONS

N9700000 4336 DOCUMENT #

1. Corporation Name

OF PORT ST. JOE OPTIMIST CLUB FLORIDA, INC.

Principal Place of Business RURNETO-Mailing Address

222 RETO AVE PORT ST. JOEIFL. 32456

PORT ST. JOE 172.

FILED

99 OCT -8 PH 2: 40

SEC CHARLES OF STATE FLORIDA

2. Principal Place of Business 2. Applied 10 9 YAUPON ST. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 23 PORT ST. JOE, FL. Country 24 32456 25 GOLF 29 32 456 30 GULF 9. Name and Address of Current Registered Agent Tall LAINE PORT ST. JOE, FL. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 PORT ST. JOE, FL. 29 SOLF 29 32 456 30 GULF 10. Name and Address of New Registered Agent B1 Name CLETUS HEAPS 82 Street Address (P.O. Box Number Is Not Acceptable) PORT ST. JOE, FL. 32 456 83 City PORT ST. JOE FL. 85 Zip Code 32 HEAPS 84 City PORT ST. JOE FL. 85 Zip Code 32 HEAPS 85 Zip Code 32 HEAPS 86 Zip Code 32 HEAPS 86 Zip Code 32 HEAPS 87 Zip Code 32 HEAPS 88 Zip Code 32 HEAPS 88 Zip Code 32 HEAPS 89 Zip Code 32 HEAPS 80 Zip Code 32 HEAPS 80 Zip Code 32 HEAPS	onal d Be es
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2 22 RETO AVE #01 PONDEROSA DRIVE PORT ST. JUE, FL. 3 2 456 84 City PORT ST. JOE FL 85 Zip Code 3 24	56
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FL 324	5/2 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 reglicities registered agent to both in the State of Elevida. Such change authorized by the provisions beyond of disperse. I have been seen such as a submit and by the provisions beyond the second through as registered.	tered
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 registe agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	B
SIGNATURE CLASS TO Sprakure, knoed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
	Addition
NAME CLETUS HEAPS 12 NAME BODDOOO 18698-	~~
STREET ADDRESS 401 PONDEROSA DRIVE 13 STREET ADDRESS -10/19/93-01071-00	j
CITY-ST-ZIP PORT ST. JOE, L. 3 LK36 14CITY-ST-ZIP R************************************	25
	Addition
NAME PERRY J. MCFARLAND 122MME 800003018698-	
STREETADORESS 109 VAUPON 57, 23 STREET ADDRESS -10/19/930107100	∹ '∣
CITY-ST-ZIP 40R7 57. COE) 1-L 3 L-K3 6 2.4CITY-ST-ZIP	70
TITLE 3.1 TITLE 3.1 TITLE Change	Addition
NAME TROY FAIR CHILD 32 NAME	
STREET ADDRESS 288 DUVING ST. 33 STREET ADDRESS	•
CITY-ST-ZP PORT ST. JOB FL. 32456 34.CITY-ST-ZP	
	Addition
TITLE SUCCESSION V CONTROL CHANGE TO	Addition
TITLE MATERIAL V CHOCKETE 4.1 TITLE V Change (INCHELE QUINTANA 4.2 NAME IRENE ACREE	
TITLE MATERIAL V CHOCKETE 4.1 TITLE V CHANGE TO CHANGE T	
TITLE NAME	Addition
TITLE TREETS. V GEDELETE 4.1 TITLE V Change TO ALL CHAPTER TO BE TO ALL CHAPTER T	Addition
TITLE NAME NAME NUCLYFIE STREET ADDRESS CIS MARVIN AVEI CITY-ST-2P PORT ST JOB, FL 32456 TITLE DELETE 13 THE STADE STREET ADDRESS 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.7 7 PONDEROSA DRIVE 4.4 CITY-ST-ZP PORT ST. JOB, FL 32456 11 TILE DECEMBRISH 12 NAME 12 NAME 13 THE STADE 14 CITY-ST-ZP 15 THE 15 NAME 15 NAME 16 STADE 17 TOP, FL 32456 17 TOP, FL 32456 18 NAME 17 TOP, FL 32456 18 NAME 18 N	Addition
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TITLE NAME NAME NUCLFELE QUINTANA STREET ADDRESS CITY-ST-ZP PORT ST. JOB., FL 32456 ACTY-ST-ZP STREET ADDRESS PORT ST. JOB., FL 22456 STREET ADDRESS PORT ST. JOB., FL 22456 STREET ADDRESS PORT ST. JOB., FL 22456 STREET ADDRESS ATTURE ADDRESS STREET ADDRESS ATTURE ADDRESS ATTURE ADDRESS ACTY-ST-ZP FORT ST. JOB., FL 32456 ACTY-ST-ZP FORT ST. JOB., FL 32456	Addition

5.4 CITY-ST-ZIP CITY-ST-ZIP 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 chapter 6, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

PORT

STREET ADDRESS

ST. JOE, FL 32456

850-229-6153