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Jul 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # N97000007017 (3)

1. Corporation Name

POINT OF PINELLAS OPTIMIST CLUB, INC.



Principal Place of Business Mailing Address

2245 MURILLA WAY SO 2245 MURILLA WAY SO
ST PETERSBURG FL 33712 ST PETERSBURG FL 33712

3. Date Incorporated or Qualified
12/16/1997

4. FEI Number Applied For
☒ Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 26 P.O. Box 12813
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27
City & State City & State

23 28 St Pete
Zip Zip

24 25 Country 29 30 33733 Country

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

NELSON, RONALD L
1632 27 AVE SO
ST PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name Madison Mosley
82 Street Address (P.O. Box Number is Not Acceptable)
3926 34th Avenue #12F
83
84 City St Pete 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 Madison Mosley (NOTE: Registered Agent signature required when reinstating) DATE 5-1-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GORDON, BRENDA	
STREET ADDRESS	2245 MURILL WAY SO	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TEEMER, JANICE	
STREET ADDRESS	1107 9 AVE SO	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, RONALD L	
STREET ADDRESS	1632 27 AVE SO	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BELL, DOROTHY	
STREET ADDRESS	6379 19 ST SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SEAY, CYNTHIA	
STREET ADDRESS	4690 17 AVE SO	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William Thomas	
1.3 STREET ADDRESS	1048 -12th Ave SO	
1.4 CITY-ST-ZIP	St Pete FL 33705	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Madison Mosley	
2.3 STREET ADDRESS	3926 34th Avenue #12F	
2.4 CITY-ST-ZIP	St Pete FL 33711	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nicole Williams	
3.3 STREET ADDRESS	2201 - 35th Ave SO	
3.4 CITY-ST-ZIP	St Pete FL 33712	
4.1 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kim Lane	
4.3 STREET ADDRESS	170 19th Ave N	
4.4 CITY-ST-ZIP	St. Petersburg 33704	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bernetta Blossom	
5.3 STREET ADDRESS	1198 64th Ave. S.	
5.4 CITY-ST-ZIP	St. Petersburg 33705	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 in an attachment with an address.

SIGNATURE [Signature] 5-1-98 912-222-2251

CP2E037 (10/97)