

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90026 016 ****61.25

DOCUMENT # N97000007148

1. Corporation Name

THE OPTIMISTS FOUNDATION OF BOCA RATON, FLORIDA,
INC.

Principal Place of Business

PO BOX 1251
BOCA RATON FL 33432

Mailing Address

PO BOX 1251
BOCA RATON FL 33432

567356 - 90026 - 16



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/26/1997

4. FEI Number

65-0795497

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MORGENSTERN, CHARI
123 NW 13TH STREET
SUITE 313
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE DP
NAME PFEFFER, DAVID
STREET ADDRESS 7659 ROCKPORT CIR
CITY-ST-ZIP LAKE WORTH FL 33467
☒ DELETE

TITLE DVP
NAME ROBBINS, JEROME D
STREET ADDRESS 1341 SW 21 ST
CITY-ST-ZIP BOCA RATON FL 33486
☒ DELETE

TITLE DVP
NAME CLINTON, BRIAN
STREET ADDRESS 260 PERRYWINKLER ST
CITY-ST-ZIP BOCA RATON FL 33486
☐ DELETE

TITLE SD
NAME FRISER, DENNIS
STREET ADDRESS 1070 SW 19TH ST
CITY-ST-ZIP BOCA RATON FL 33486
☐ DELETE

TITLE DT
NAME ROGERS, LAURA
STREET ADDRESS 11873 SUN CHASE CT
CITY-ST-ZIP BOCA RATON FL 33433
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVP
1.2 NAME Paul Turner
1.3 STREET ADDRESS 2071 Bethel Blvd.
1.4 CITY-ST-ZIP Boca Raton, FL 33486
☐ Change ☒ Addition

2.1 TITLE DVP
2.2 NAME John Garrish
2.3 STREET ADDRESS 23172 Bentley Place
2.4 CITY-ST-ZIP Boca Raton, FL 33433
☒ Change ☒ Addition

3.1 TITLE DP
3.2 NAME Clinton, Brian
3.3 STREET ADDRESS 260 Perrywinkler St.
3.4 CITY-ST-ZIP Boca Raton, FL 33486
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Laura Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0043198