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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N98000001051**

1. Corporation Name
OPTIMIST CLUB OF PENSACOLA BEACH, INC.

Principal Place of Business	Mailing Address
1 W. GALVEZ CT. PENSACOLA BCH FL 32561	P. O. BOX 1014 GULF BREEZE FL 32562-1014

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/20/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3564652 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ZAHM, RONALD J
114 FAIRPOINT DR.
GULF BREEZE FL 32561

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 _____ DATE
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WIRTH, THOMAS C		1.2 NAME	RUSS MANN	
STREET ADDRESS	1 W. GALVEZ CT.		1.3 STREET ADDRESS	1020 FT. PICKENS RD	
CITY-ST-ZIP	PENSACOLA BCH FL 32561		1.4 CITY-ST-ZIP	PENSACOLA BEACH FL, 32561	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	CIEUTAT, LYNN		2.2 NAME	RONALD J. ZAHM	
STREET ADDRESS	1311 MALDONADO DR.		2.3 STREET ADDRESS	114 FAIRPOINT DR.	
CITY-ST-ZIP	PENSACOLA BCH FL 32561		2.4 CITY-ST-ZIP	GULF BREEZE, FL. 32561	
TITLE	SD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	WATSON, BETTIE L		3.2 NAME	LOUISE GREENLEY	
STREET ADDRESS	1308 E. BELMONT ST.		3.3 STREET ADDRESS	2132 CLUBHOUSE DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32501		3.4 CITY-ST-ZIP	LILLIAN, ALABAMA 36549	
TITLE	TD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	DEUKER, CAROL A		4.2 NAME	APRIL HARGROVE	
STREET ADDRESS	1100 FT. PICKENS RD., #E5		4.3 STREET ADDRESS	500 MALDONADO DRIVE	
CITY-ST-ZIP	PENSACOLA BCH FL 32561		4.4 CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BRANNON, THERESE		5.2 NAME	PAT AYRES	
STREET ADDRESS	1652 BULEVAR MAYOR, F-2		5.3 STREET ADDRESS	900 FT. PICKENS RD, APT # 611	
CITY-ST-ZIP	PENSACOLA BCH FL 32561		5.4 CITY-ST-ZIP	PENSACOLA BEACH, FL. 32561	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	FLANAGAN, MAURENE		6.2 NAME	MIKE STEBBINS	
STREET ADDRESS	9 ENSENADA QUATRO		6.3 STREET ADDRESS	10244 SUGAR CREEK PL,	
CITY-ST-ZIP	PENSACOLA FL 32561		6.4 CITY-ST-ZIP	PENSACOLA, FL 32514	

CR2E037. (11/98)

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, with all other like empowered.

SIGNATURE: Ronald J. Zahm RONALD J. ZAHM 2/17/99 (850) 932-6405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #