

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001051

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

Principal Place of Business 114 FAIRPOINT DR GULF GULF BREEZE FL 32561	Mailing Address PO BOX 1014 GULF BREEZE FL 32562-1014
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 36-4088818 59-3564652	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

FILED
Jan 08, 2002 8:00 am
Secretary of State
01-08-2002 90003 004 ****61.25



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENLEY, LOUISE 2132 CLUB HOUSE DR LILLIAN AL 36549	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEBBINS, MICHAEL 10244 SUGAR CREEK PL PENSACOLA FL 32514	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANZA, LORENE 10 SABINE DR PENSACOLA BCH FL 32561	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, CHRISTINE PO BOX 1014 GULF BREEZE FL 32562-1014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDLE, HELEN 1153 LIONS GATE LN GULF BREEZE FL 32561	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAYER, CHRISPTOPHER 1001 VIA DE LUNA DR PENSACOLA BEACH FL 32561	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BETTIE LEE WATSON 1308 E. BELMONT ST. PENSACOLA, FL 32501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BETTY V. NEALE 2288 BALBOA CT. NAVARRE, FL 32566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christine Moore* **CHRISTINE MOORE** 1-4-02 850-934-8780

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CR2E037 (9/01)