

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
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90106 048 ****61.25

DOCUMENT # N98000005399

1. Corporation Name

LAKEVIEW OPTIMIST CLUB OF ST. PETERSBURG, FL, IN
C.

Principal Place of Business
C/O DOROTHY PATTERSON
847 HILLSIDE CT. S.
ST. PETERSBURG FL 33705

Mailing Address
C/O DOROTHY PATTERSON
847 HILLSIDE CT. S.
ST. PETERSBURG FL 33705



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1998	
21 Suite, Apt. #, etc...		26 Suite, Apt. #, etc...		4. FEI Number	
22 City & State		27 City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
26		27		30	

9. Name and Address of Current Registered Agent

TUCKER, JOHN V ESQ
2101 FIFTH AVE. N.
ST. PETERSBURG FL 33171

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D-P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS, ROGER	1.2 NAME	Cathie Parrott
STREET ADDRESS	847 HILLSIDE CT. S.	1.3 STREET ADDRESS	334 - 33rd Ave NE
CITY-ST-ZIP	ST. PETERSBURG FL 33705	1.4 CITY-ST-ZIP	St Petersburg, FL 33704
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D-V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARROTT, CATHIE	2.2 NAME	James West
STREET ADDRESS	847 HILLSIDE CT. S.	2.3 STREET ADDRESS	1923 - 9th St South
CITY-ST-ZIP	ST. PETERSBURG FL 33705	2.4 CITY-ST-ZIP	St Petersburg FL 33705
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D-V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKPATRICK, SIDNEY	3.2 NAME	Barbara Anders
STREET ADDRESS	847 HILLSIDE CT. S.	3.3 STREET ADDRESS	1847 Almeria Way South
CITY-ST-ZIP	ST. PETERSBURG FL 33705	3.4 CITY-ST-ZIP	St Petersburg FL 33712
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D-S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERS, BARBARA	4.2 NAME	Dorothy Patterson
STREET ADDRESS	847 HILLSIDE CT. S.	4.3 STREET ADDRESS	847 Hillside Court South
CITY-ST-ZIP	ST. PETERSBURG FL 33705	4.4 CITY-ST-ZIP	St Petersburg FL 33705
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D-T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, MARY	5.2 NAME	Harry Parrott JR
STREET ADDRESS	847 HILLSIDE CT. S.	5.3 STREET ADDRESS	334 - 33rd Ave NE
CITY-ST-ZIP	ST. PETERSBURG FL 33705	5.4 CITY-ST-ZIP	St Petersburg FL 33704
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, CARL	6.2 NAME	Mary Baker
STREET ADDRESS	847 HILLSIDE CT. S.	6.3 STREET ADDRESS	5110 Aragon Way S
CITY-ST-ZIP	ST. PETERSBURG FL 33705	6.4 CITY-ST-ZIP	St Petersburg FL 33705

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:

Harry B. Parrott JR
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
April 15, 1999 (727) 821 8266
Date Daytime Phone #

0052664

CR2E037 (1/1/98)