

NONPROFIT CORPORATION ANNUAL REPORT 1999

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



99 MAR 22 10:10:25
 FLORIDA

DOCUMENT # N98000006737
 1. Corporation Name
NOON OPTIMIST CLUB OF OLDSMAR, INC.

Principal Place of Business: P.O. BOX 325, OLDSMAR FL
 Mailing Address: P.O. BOX 325, OLDSMAR FL



21. Principal Place of Business P.O. Box 325	22. Mailing Address P.O. Box 325	3. Date Incorporated or Qualified 11/23/1998
23. City & State Oldsmar FL	24. City & State Oldsmar FL	4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable
25. Country Pineellas	26. Country Pineellas	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
27. Zip FL	28. Zip FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
KLINGER, DONALD D
200 MICHAELS CIR.
OLDSMAR FL 34677

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 617.0603, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reappointing) DATE:

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT, CHARLES E.	<input type="checkbox"/> DELETE
NAME	MAINARD, 1706 LAQO VISTA BLVD	
STREET ADDRESS	PALM HARBOR, FL 34685	<input checked="" type="checkbox"/>
CITY-ST-ZIP		
TITLE	VICE-PRESIDENT, DONALD D.	<input type="checkbox"/> DELETE
NAME	Klinger, 200 MICHAELS Circle	
STREET ADDRESS	OLDSMAR, FL 34677	<input checked="" type="checkbox"/>
CITY-ST-ZIP		
TITLE	SECRETARY, JANET J.	<input type="checkbox"/> DELETE
NAME	Duckley, 3136 O'HARA DR.	
STREET ADDRESS	New Port Richey, FL 34655	<input checked="" type="checkbox"/>
CITY-ST-ZIP		
TITLE	PATRICIA J. MAINARD - TREAS.	<input type="checkbox"/> DELETE
NAME	1706 LAQO VISTA BLVD	
STREET ADDRESS	PALM HARBOR, FL 34685	<input checked="" type="checkbox"/>
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

B. 3/25/99 99AC

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* DATE: 1/31/99 727-784-81039
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)