


FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90144 005 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N99000007683

1. Entity Name
ST. MARY'S RIVER OPTIMIST CLUB OF NASSAU COUNTY, INC.



Principal Place of Business
 2765 OLD BALDWIN RD.
 CALLAHAN, FL 32011

Mailing Address
 P.O. BOX 1706
 CALLAHAN, FL 32011

90137646

2. Principal Place of Business
~~2765 Old Baldwin Rd~~
 Suite, Apt. #, etc.

3. Mailing Address
 12542 Sunowa Springs
 Suite, Apt. #, etc.
 Bryceville Florida



CHECK HERE IF MAKING CHANGES

City & State
 Bryceville FL

City & State
 Bryceville Florida

Zip
 32009

Country
 USA

Zip
 32009

Country
 USA

4. FEI Number
59-3649538

Applied For
 Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HIGGINBOTHAM, CARLA
 2765 OLD BALDWIN RD.
 CALLAHAN, FL 32011

7. Name and Address of New Registered Agent
 Name: **Jim Adams**
 Street Address (P.O. Box Number is Not Acceptable):
12542 SUNOWA SPRINGS
Bryceville FL
 City: Bryceville FL
 Zip Code: 32009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Jim Adams* (NOTE: Registered Agent signature required when reinstating)

DATE: **May 10 2003**

FILE NOW - FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEIGER, BARBARA 4577 RATLIFF RD. CALLAHAN, FL 32011 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIGGANBOTHAM, CARLA 2765 OLD BALDWIN RD. CALLAHAN, FL 32011 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TINDALL, BARLK P.O. BOX 361 HILLIARD, FL 32046 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CREWS, NANCY L 2971 LEE DR. CALLAHAN, FL 32011 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES (Jim) Adams <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12542 Sunowa Spr. (P.O.) Bryceville, FL 32009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AIMA Baily <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 45075 Roberts Rd Callahan FL 32011
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

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: *James Adams* **5-10-03** **904 448-4340**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 EX 824

CR2E037 (10/02)