

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005677 (8)**

1. Corporation Name
OPTIMIST INTERNATIONAL YOUTH PROGRAMS FOUNDATION, INC.



Principal Place of Business: **4494 LINDELL BLVD. ST. LOUIS MO 63108**
Mailing Address: **4494 LINDELL BLVD. ST. LOUIS MO 63108**

3. Date Incorporated or Qualified: **12/01/1995**
3a. Date of Last Report: **N/A**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	43-1733736	Not Applicable
23	City & State	City & State	28	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25			30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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: **N/A**
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 type="checkbox"/> DELETE	1.1 TITLE	Executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOONE, J.C. JR	1.2 NAME	Stephen P. Lawson
STREET ADDRESS	PO BOX 503	1.3 STREET ADDRESS	4494 Lindell Boulevard
CITY-ST-ZIP	ALBEMARIE NC 28001	1.4 CITY-ST-ZIP	St. Louis, MO 63108
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, CLIFTON I	2.2 NAME	
STREET ADDRESS	25611 TIMPANGOS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CALABASAS CA 91302	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCIER, JEAN	3.2 NAME	
STREET ADDRESS	942 GAUVIN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHAMBLY, PQ, J3L 1N6	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILES, CHARLES R	4.2 NAME	
STREET ADDRESS	202 COUNTY RD. 630	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE GIRARDEAU MO 63701	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVEZ, DAVID X	5.2 NAME	
STREET ADDRESS	6903 HILL MEADOW DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX 78736	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUBANKS, MARK C	6.2 NAME	
STREET ADDRESS	235 BYRD STATION RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER CREEK GA 30173	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Stephen P. Lawson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **2/22/96** **314/371-6000**

CR2E037 (12/95)