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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

4494 LINDELL BLVD.
ST. LOUIS MO 63108

4494 LINDELL BLVD.
ST. LOUIS MO 63108-2404

3. Date Incorporated or Qualified
12/01/1995

3a. Date of Last Report
02/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

43-1733736

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes 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

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 DELETE
NAME BOONE, J.C. JR
STREET ADDRESS PO BOX 503
CITY-ST-ZIP ALBEMARIE NC 28001

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME KATZ, CLIFTON I
STREET ADDRESS 25611 TIMPANGOS AVE.
CITY-ST-ZIP CALABASAS CA 91302

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME MERCIER, JEAN
STREET ADDRESS 942 GAUVIN ST.
CITY-ST-ZIP CHAMBLY, PQ, J3L 1N6

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME WILES, CHARLES R
STREET ADDRESS 202 COUNTY RD. 630
CITY-ST-ZIP CAPE GIRARDEAU MO 63701

4.1 TITLE Change Addition
4.2 NAME D SMITH, J. WAYNE
4.3 STREET ADDRESS 2523 GLEN LANE
4.4 CITY-ST-ZIP INDEPENDENCE, MO 64052

TITLE D DELETE
NAME CHAVEZ, DAVID X
STREET ADDRESS 6903 HILL MEADOW DR.
CITY-ST-ZIP AUSTIN TX 78738

5.1 TITLE Change Addition
5.2 NAME D WOOD, WILLIAM W.
5.3 STREET ADDRESS 3100 HARTFORD ST. N. #221
5.4 CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE ED DELETE
NAME LAWSON, STEPHEN P.
STREET ADDRESS 4494 LINDELL BLVD
CITY-ST-ZIP ST. LOUIS MO

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Stephen P. Lawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN P. LAWSON JANUARY 12, 1997 314-371-6000

Date Daytime Phone # 0074000

CR2E037 (9/96)