

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON DR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

96 SEP -9 AM 10:15

DOCUMENT # 704894 (5)
 1. Corporation Name
 OPTIMIST CLUB OF SOUTH DADE, PERRINE, FLORIDA, INC.

96-AR



Principal Place of Business
 P. O. BOX 970367
 MIAMI FL 33157

Mailing Address
 P. O. BOX 970367
 MIAMI FL 33157

3. Date Incorporated or Qualified 12/10/1962
 3a. Date of Last Report 05/02/1995
 4. FEI Number 59-6168855
 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

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent
 BETHEL, LORENZA L.
 10721 SW 173RD ST.
 MIAMI FL 33157

10. Name and Address of New Registered Agent
 81 Name Deborah Wimbley
 82 Street Address (P.O. Box Number is Not Acceptable) 12350 SW 190 ST
 83
 84 City Miami FL 85 Zip Code 33177

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 *Deborah Wimbley*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 8-3-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	WIMBLEY, DEBORAH 12350 SW 190 ST. MIAMI FL	1.1 TITLE <input checked="" type="checkbox"/> DELETE
TITLE P	BETHEL, ROCHELLE 10721 SW 173RD ST. MIAMI FL	1.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	WIMBLEY, PRINCE 12350 SW 190 ST. MIAMI FL	1.3 STREET ADDRESS 12350 SW 190 ST
TITLE D	MCCRAY, HERBERT 17800 SW 108TH CT. MIAMI FL	1.4 CITY-ST-ZIP Miami Fla 33177
TITLE D	FLANAGAN, ESTER 16202 SW 98 AVE. MIAMI FL	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		2.2 NAME VPD Williams, Wayne
TITLE		2.3 STREET ADDRESS 17844 SW 109th
TITLE		2.4 CITY-ST-ZIP Miami Fla. 33157
TITLE		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME VP
TITLE		3.3 STREET ADDRESS Flanagan, Ester
TITLE		3.4 CITY-ST-ZIP 16202 SW 98 Ave Miami Fla 33157
TITLE		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME S/D.
TITLE		4.3 STREET ADDRESS Wimbley Deborah
TITLE		4.4 CITY-ST-ZIP 12350 SW 190 ST Miami Fla 33177
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME D
TITLE		5.3 STREET ADDRESS McCray, Herbert
TITLE		5.4 CITY-ST-ZIP 17800 SW 108th Ct Miami Fla 33157
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME
TITLE		6.3 STREET ADDRESS
TITLE		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 s. 199.032(1)(b), Florida Statutes, 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: *Deborah Wimbley*
 Signature and typed or printed name of signing officer or director DATE 8-3-96 DAYTIME PHONE # 253 7708

CR2E037 (3/96)