FILE NOW: FILING FEE IS $61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State
02-26-1999 90072 028 ****70.00

0034770

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 704925

1. Corporation Name
OPTIMIST CLUB OF IVES ESTATES, NORTH MIAMI BEACH , INC.

Principal Place of Business	Mailing Address
1511 N.E. 207 STREET NORTH MIAMI BEACH FL 33179	1511 N.E. 207 STREET NORTH MIAMI BEACH FL 33179

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/12/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6168880 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PALMER, JOAN S
1321 NE 209 TERR
NO MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name: Bernadette Wilson
82 Street Address (P.O. Box Number is Not Acceptable): 1511 NE 207 St
83
84 City: No Miami Bch FL 85 Zip Code: 33179

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 Bernadette Wilson
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GOLDMAN, JANICE 1331 NE 209 TERR. NMB FL 33179	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VD Richard Boyhan 3601 monroe St #103 Hollywood Fl 33021	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCCOURT, JIM 520 SW 1ST AVE HALLANDALE FL 33009	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD monte Perez 21021 NE 21 ct miami Fl 33180	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PALMER, WILLIAM 1321 NE 209 TERR NO MIAMI BEACH FL 33179	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PD Mitchele Goldman 1331 NE 209 Terr NMB FL 33179	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCCOURT, SUSAN 520 SW 1ST AVE HALLANDALE FL 33009	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PALMER, JOAN S 1321 NE 209 TERR NMB FL	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	TD BERNADETTE WILSON 1511 NE 207 St NMB FL 33179	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. 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 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: Bernadette Wilson **SIGNATURE REQUIRED** 1/27/99 954-920-6010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #