2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2005
Secretary of State

DOCUMENT# 704925

Entity Name: OPTIMIST CLUB OF IVES ESTATES, NORTH MIAMI BEACH, INC.

Current Principal Place of Business:

1511 N.E. 207 STREET
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

1511 N.E. 207 STREET
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 59-6168880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, BERNADETTE
1511 NE 207 ST
NO MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PALMER, BILL
Address: 1321 NE 209 TERR
City-St-Zip: MIAMI, FL 33179

Title: VD ( ) Delete
Name: MCCOURT, JIM
Address: 520 SW 1ST AVE
City-St-Zip: HALLANDALE, FL 33009

Title: VD ( ) Delete
Name: GUSTAFSON, JAMES
Address: 4480 SW 36 TERR
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: SD ( ) Delete
Name: MCCOURT, SUSAN
Address: 520 SW 1ST AVE
City-St-Zip: HALLANDALE, FL 33009

Title: TD ( ) Delete
Name: WILSON, BERNADETTE
Address: 1511 NE 207 ST
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MCCOURT, JIM
Address: 520 SW 1 AVENUE
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VD (X) Change ( ) Addition
Name: GUSTAFSON, JAMES
Address: 4480 SW 38 TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VD (X) Change ( ) Addition
Name: JACKSON, PHILLIP
Address: 20216 NE 10 COURT ROAD
City-St-Zip: MIAMI, FL 33179

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN MCCOURT SC 07/04/2005

Electronic Signature of Signing Officer or Director — Date