2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90454 033 ****70.00

DOCUMENT # 704925

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

60031792

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

01112006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6168880 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILSON, BERNADETTE 1511 NE 207 ST NO MIAMI BEACH, FL 33179	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bernadette R. Wilson Bernadette L. Wilson 4-25-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCOURT, JIM 520 SW 1 AVENUE HALLANDALE BEACH, FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jackson, Phillip 20216 N.E. 10 ct Miami, FL 33179	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GUSTAFSON, JAMES 4480 SW 38 TERRACE FT. LAUDERDALE, FL 33312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DIXON, RICARDO 20200 NE 12 Ct Miami FL 33179	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JACKSON, PHILLIP 20216 NE 10 COURT ROAD MIAMI, FL 33179	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Cleveland, Johnny 20601 NW 15 AVE MIAMI FL 33169	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCCOURT, SUSAN 520 SW 1ST AVE HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILSON, BERNADETTE 1511 NE 207 ST MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernadette R. Wilson / Bernadette L. Wilson 4-10-06 954-920-6010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #