2007 NOT-FOR-PROFIT CORPORATION

SIGNATURE

Mar 29, 2007 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # 704925** 03-29-2007 90022 024 ****61.25 OPTIMIST CLUB OF IVES ESTATES, NORTH MIAMI BEACH, INC. Principal Place of Business Mailing Address 1511 N.E. 207 STREET 1511 N.E. 207 STREET NORTH MIAMI BEACH, FL 33179 NORTH MIAMI BEACH, FL 33179 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Numbe 59-6168880 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Lostera WILSON, BERNADETTE Street Add 1511 NE 207 ST NO MIAMI BEACH, FL 33179 City 8. The above named entity submits this statement for the purp ose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of register ed agent SIGNATURE ame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Change Addition TITLE ☐ Delete JACKSON, PHILLIP NAME NAME STREET ADDRESS 20216 NE 10TH CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33179 CITY-ST-7IP VD ☐ Delete Addition TITLE TITLE ☐ Change NAME DIXON, RICARDO 20200 NE 12TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition CLEVELAND, JOHNNY NAME NAME 20601 NW 15TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33169 CITY-ST-ZIP Change TITLE SD Delete TITLE ☐ Addition MCCOURT, SUSAN NAME NAME **520 SW 1ST AVE** STREET ADDRESS STREET ADDRESS HALLANDALE, FL 33009 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete Change Change TITLE Deuter Fo ster WILSON, BERNADETTE NAME 400 NW 1835 1511 NE 207 ST STREET ADDRESS STREET ADDRESS Mim; F/ 5316 CITY-ST-ZIP MIAMI, FL 33179 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 atlachment with an address, with all other like empowered.

OR PRINTED NAME GENTING OFFICE

FILED

Daytime Phone 6