2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90152 043 ****70.00

DOCUMENT # 704925

1. Entity 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

03202008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 601481
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Miami, Florida
Zip / Country	Zip: 33060 / Country: Miami-Dade

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

FOSTER, DEXTER
400 NW 183RD STREET
MIAMI, FL 33169

7. Name and Address of New Registered Agent

Name: Phillip M. Jackson
Street Address (P.O. Box Number is Not Acceptable): 1511 NE 207th Street
City: Miami FL Zip Code: 33179

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: Phillip M Jackson
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, 2008

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 JACKSON, PHILLIP 20216 NE 10TH CT MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DIXON, RICARDO 20200 NE 12TH CT MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CLEVELAND, JOHNNY 20601 NW 15TH AVE MIAMI, FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KELLY, JANET 2084 NE 182ND ST NORTH MIAMI BEACH, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FOSTER, DEXTER 400 NW 183RD ST MIAMI, FL 33169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER Yolanda Fields P.O. Box 601481 Miami, Fl 33060	☒ 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: Phillip M Jackson 4/29/08 (305)653-3997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #