

FILE NOW: FILING FFE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714375 (3)
1. Corporation Name
THE OPTIMIST CLUB OF PEMBROKE PINES, FLORIDA, INC.



Principal Place of Business: P O BOX 848535, PEMBROKE PINES FL 33084
Mailing Address: P O BOX 848535, PEMBROKE PINES FL 33084

3. Date Incorporated or Qualified: **04/02/1968**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-6210370	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOLDBERG, ROBERT 2226 NOVA VILLAGE DR DAVIE FL 33317				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ [Signature] _____
Signature, typed or printed name of registered agent; and title if applicable. [NOTE: Registered Agent signature required when reinstating.] DATE: _____

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
FILE NAME	PD CASTERTON, WARD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1270 GOLDMEW DR W	1.2 NAME	
CITY-ST-ZIP	PEMBROKE PINES FL	1.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
FILE NAME	VP RYAN, MICHAEL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6831 SW 9 ST	2.2 NAME	
CITY-ST-ZIP	PEMBROKE PINES FL	2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
FILE NAME	TETR EAULT, NELSON	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8441 NW 5TH ST	3.2 NAME	TETREAULT, NELSON
CITY-ST-ZIP	PEMBROKE PINES FL	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
FILE NAME	S WEINSTEIN, JEFF	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1151 NORTHWEST 124 AVENUE	4.2 NAME	
CITY-ST-ZIP	PEMBROKE PINES FL	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE	D RYAN, KAREN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8831 SW 9TH ST	5.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D NULL, ED	6.2 NAME	
NAME	11492 SW 10 COURT	6.3 STREET ADDRESS	
STREET ADDRESS	FORT LAUDERDALE FL	6.4 CITY-ST-ZIP	
CITY-ST-ZIP			

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5-1-96 OK

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ [Signature] _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 5/2/96 Daytime Phone #: 9544323500

CR2E037 (12/95)