

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-6210370</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

## 9. Name and Address of Current Registered Agent

**GOLDBERG, ROBERT  
2226 NOVA VILLAGE DR  
DAVIE FL 33317**

## 10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

5-1-96 OK

5/2/96 9544323500