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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 714375

1. Corporation Name
 THE OPTIMIST CLUB OF PEMBROKE PINES, FLORIDA, IN C. EVENING

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/02/1968
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-6210370
City & State	City & State	5. Certificate of Status Desired
23	28	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing Trust Fund Contribution
24	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RYAN, KAREN D 6831 SW 9TH ST PEMBROKE PINES FL 33023	81 Name: JEFF WEINSTEIN 82 Street Address (P.O. Box Number is Not Acceptable): 1151 NORTHWEST 124 AVENUE 83 9944 N.W. HILL PLACE 84 City: SUNNYSIDE, FL 33031

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: Jeff Weinstein DATE: 2/11/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	D
NAME	CASTERTON, WARD	1.2 NAME	
STREET ADDRESS	1270 GOLDVIEW DR W	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	
NAME	RYAN, MICHAEL	2.2 NAME	
STREET ADDRESS	6831 SW 9 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	J	3.1 TITLE	D
NAME	CASTERTON, JEFF	3.2 NAME	
STREET ADDRESS	13580 NW 4TH ST, #206	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	WEINSTEIN, JEFF	4.2 NAME	
STREET ADDRESS	1151 NORTHWEST 124 AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	RYAN, KAREN	5.2 NAME	
STREET ADDRESS	6831 SW 9TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	NULL, ED	6.2 NAME	
STREET ADDRESS	11492 SW 10 COURT	6.3 STREET ADDRESS	DAVID O CASEK
CITY-ST-ZIP	FORT LAUDERDALE FL	6.4 CITY-ST-ZIP	1014 NW 89 TERR. PEMBROKE PINES, FL 33024

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Jeff Weinstein DATE: 2/11/99 DAYTIME PHONE # 305-592-7693
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)