

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001662

FILED
Apr 12, 2008
Secretary of State

Entity Name: HOLIDAY PARK OPTIMIST CLUB, INC.

Current Principal Place of Business:

P.O. BOX 4704
FORT LAUDERDALE, FL 33338

New Principal Place of Business:

1200 G MARTIN HAROLD DR
FORT LAUDERDALE, FL 33304

Current Mailing Address:

P.O. BOX 4704
FORT LAUDERDALE, FL 33338

New Mailing Address:

FEI Number: 91-1938996 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FAUST, RUSSELL
4814 S.W. 28TH TERRACE
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCOY, REGINALD
Address: 8017 NW 28 ST
City-St-Zip: SUNRISE, FL 33322

Title: VD () Delete
Name: DERAUGHN, DEWIGHT
Address: 2301 NW 23 LANE #B
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S () Delete
Name: BUTLER, TANEKA
Address: 1821 NW 31 AVENUE #204
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: T () Delete
Name: THORNTON, JULIE
Address: 6198 LAUREL LANE UNIT D
City-St-Zip: TAMARAC, FL 33319

Title: FC () Delete
Name: PIERSON, COREY
Address: 1501 SW 67 TERR
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WHITE, BARBARA
Address: 2651 NW 8TH PL #45
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: T (X) Change () Addition
Name: COLEMAN, BARBARA
Address: 406 CAROLINA AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REGINALD MCCOY

PD

04/12/2008

Electronic Signature of Signing Officer or Director

Date