

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON DR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

96 SEP -9 AM 10:15

DOCUMENT # 704894 (5)

1. Corporation Name  
 OPTIMIST CLUB OF SOUTH DADE, PERRINE, FLORIDA, INC.

96-AR



Principal Place of Business  
 P. O. BOX 970367  
 MIAMI FL 33157

Mailing Address  
 P. O. BOX 970367  
 MIAMI FL 33157

3. Date Incorporated or Qualified: 12/10/1962  
 3a. Date of Last Report: 05/02/1995  
 4. FEI Number: 59-6168855  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

2. Principal Place of Business  
 21. Suite, Apt. #, etc.  
 22. City & State  
 23. Zip  
 24. Country

2a. Mailing Address  
 26. Suite, Apt. #, etc.  
 27. City & State  
 28. Zip  
 29. Country

9. Name and Address of Current Registered Agent  
 BETHEL, LORENZA L.  
 10721 SW 173RD ST.  
 MIAMI FL 33157

10. Name and Address of New Registered Agent  
 81 Name: Deborah Wimbley  
 82 Street Address (P.O. Box Number is Not Acceptable): 12350 SW 190 ST  
 83  
 84 City: Miami  
 85 Zip Code: FL 33177

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: *Deborah Wimbley*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 8-3-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: WIMBLEY, DEBORAH	1.1 TITLE: PD	NAME: Wimbley Prince
STREET ADDRESS: 12350 SW 190 ST.	CITY-ST-ZIP: MIAMI FL	1.2 NAME: Wimbley Prince	1.3 STREET ADDRESS: 12350 SW 190 ST
	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP: Miami Fla 33177	
TITLE: P	NAME: BETHEL, ROCHELLE	2.1 TITLE: VP	NAME: Williams, Wayne
STREET ADDRESS: 10721 SW 173RD ST.	CITY-ST-ZIP: MIAMI FL	2.2 NAME: Williams, Wayne	2.3 STREET ADDRESS: 17 Pk SW 109 Ave
	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP: Miami Fla 33157	
TITLE: VPD	NAME: WIMBLEY, PRINCE	3.1 TITLE: VP	NAME: Flanagan, Ester
STREET ADDRESS: 12350 SW 190 ST.	CITY-ST-ZIP: MIAMI FL	3.2 NAME: Flanagan, Ester	3.3 STREET ADDRESS: 16202 SW 98 Ave
	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP: Miami Fla 33157	
TITLE: D	NAME: MCCRAY, HERBERT	4.1 TITLE: S/D	NAME: Wimbley Deborah
STREET ADDRESS: 17800 SW 108TH CT.	CITY-ST-ZIP: MIAMI FL	4.2 NAME: Wimbley Deborah	4.3 STREET ADDRESS: 12350 SW 190 ST
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP: Miami Fla 33177	
TITLE: D	NAME: FLANAGAN, ESTER	5.1 TITLE: D	NAME: McCray, Herbert
STREET ADDRESS: 16202 SW 98 AVE.	CITY-ST-ZIP: MIAMI FL	5.2 NAME: McCray, Herbert	5.3 STREET ADDRESS: 17800 SW 108th Ct
	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP: Miami Fla 33157	
TITLE: [Blank]	NAME: [Blank]	6.1 TITLE: [Blank]	NAME: [Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	6.2 NAME: [Blank]	6.3 STREET ADDRESS: [Blank]
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP: [Blank]	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 199.032(1)(b), Florida Statutes, 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: *Deborah Wimbley*  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 8-3-96 DAYTIME PHONE #: 253 7708

CR2E037 (3/96)