
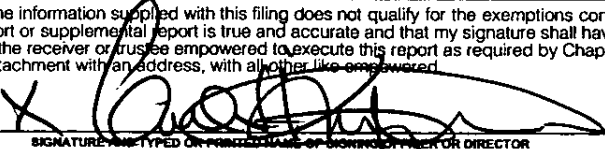


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

06-16-2008 90003 023 ****61.25

DOCUMENT # 705002 1. Entity Name THE NORTH DADE OPTIMIST CLUB, INC.					
Principal Place of Business 19455 N.W. 12TH AVENUE MIAMI, FL 33169			Mailing Address PO BOX 4245 NORLAND BRANCH MIAMI, FL 33269 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6152797	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KINGCADE, CARL J 17455 SW 33RD COURT MIRAMAR, FL 33029				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAW, DENNIS <input checked="" type="checkbox"/> Delete 15 NE 123RD TERRACE MIAMI, FL 33161				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BASS, WAYNE <input type="checkbox"/> Delete 15700 NW 39TH COURT MIAMI, FL 33055				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCORMICK, PAMELA <input type="checkbox"/> Delete 1100 NW 202ND STREET MIAMI, FL 33169				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KINGCADE, CARL <input type="checkbox"/> Delete 17455 SW 33RD COURT MIRAMAR, FL 330292607				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WAYNE BASS 15700 NW 39th Ct. MIAMI FL 33055				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANTHONY BRITT 581 BISCAYNE RIVER DRIVE MIAMI FL 33169				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  6-11-08 954-442-4304					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					