## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2004 8:00 am Secretary of State

DOCUMENT # 707213  1. Entity Name OPTIMIST CLUB OF MIAMI SHORES, INC.									01-29-20	04 90030 (	021 ****6	51.25
P.O. BOX 530631 P.O. I				ng Address BOX 530631 Al SHORES, FL 33153-0631 US				t beginning				
2. Principal Pl	lace of Busin	ness	3. Ma	iling Address								
Suite, Apt. #, etc.			Sı	Suite, Apt. #, etc.				01072004	Chg-NP	CR2E03	7 (10/03)	
City & State			Ci	City & State				4. FEI Number 59-615				plied For
Zip	ip Country		Zi	Zip		Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	litional
	6. Name	and Address of C	urrent Register	ed Agent				7. Name and	Address of New	Registered A	gent	
TEEMS, THE 12225 NOT NORTH MI	RTHEAST	<del>L11 PLACE</del>						Thomas.O. Box Number	er is Not Accepta Street	ble)		
						City					Zip Code	<del></del>
						N'W	<u>Mian</u>	<u>ii Beac</u>	<u>h</u>	FL	331	<u>0 ما</u>
	ions of regis	ty submits this state tered agent.	ment for the purp	Jose of Changing It	s register	ed Onice of 1	registere	ad agent, or our	in, ar ine State G	- Ionaa Tain	arrimar vivor,	and accept
	Signature, typed	d or printed name of register	red agent and title if ap	plicable. (NO	TE: Registere	ed Agent signature	re required v	when reinstating)		DATE		
	Filing Fe	ee is \$61.25 Way 1, 2004	red agent and title if ap	9. Election Ca Trust Fund	ımpaign F	Financing		when reinstating) \$5.00 May B Added to Fees	3e FI	Make check orida Depar		
10.	Filing Fe	ee is \$61.25 May 1, 2004	red agent and title if ap	9. Election Ca Trust Fund	ımpaign F	Financing tion. [		\$5.00 May B Added to Fees DDITIONS/CH	Ge FI	Make checi orida Depar	tment of St	tate
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD FILIATRA 73 NW 98 MIAMI, FI VPD HOPKINS	OFFICERS A AULT, DAN 3 STREET L 33150 S, MARIE		9. Election Ca Trust Fund	ampaign F Contribut 11. TITL NAM STRI CITY	E ALE ADDRESS (-ST-ZIP	P.D. Hor IIB M.	\$5.00 May B Added to Fees DDITIONS/CH	arie 14 Stree - 33150	Make check lorida Depart CERS AND DIF	RECTORS IN	i 10 Addition
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Thereby certify that the miorification supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

MARIE HOPKINS

IN TYPED OR UNITED NAME OF SIGNING OFFICER OR DIRECTOR

305-502-1657