

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90102 011 \*\*\*\*61.25

**DOCUMENT # 707213**

1. Entity Name

OPTIMIST CLUB OF MIAMI SHORES, INC.



Principal Place of Business

P.O. BOX 530631  
MIAMI SHORES FL 33153-0631  
US

Mailing Address

P.O. BOX 530631  
MIAMI SHORES FL 33153-0631  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-6155102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEEMS, THOMAS E  
3550 NE 169 ST  
APT. F-101  
NORTH MIAMI BEACH FL 33160

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

*Thomas E. Teems - Secretary*

4/6/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOPKINS, MARIE	
STREET ADDRESS	118 NW 94 ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, SHIRLEY	
STREET ADDRESS	440 GRAND CONCOURSE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FILIATRAULT, CHRISTY	
STREET ADDRESS	73 NW 98 STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CLARK, WILLIAM	
STREET ADDRESS	1041 SW 95 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Buddy Aronson	
STREET ADDRESS	1300 St. Charles Place Apt 607	
CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helen Canny-Matthews	
STREET ADDRESS	1270 Redbird Ave	
CITY-ST-ZIP	Miami Springs, FL 33166	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas E. Teems	
STREET ADDRESS	3550 N.E. 169 ST #101	
CITY-ST-ZIP	North Miami Beach, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

*Thomas E. Teems*

4/6/05

305-940-1155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #