

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90026 039 ****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 P.O. Box 4464 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 4464 Suite, Apt. #, etc.			
City & State Hollywood, FL Zip 33083-4464		City & State Zip 33083-4464		4. FEI Number 59-6155102	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEEMS, THOMAS E 3550 NE 169 ST APT. F-101 NORTH MIAMI BEACH, FL 33160				7. Name and Address of New Registered Agent Name Mary Lou Robbins Street Address (P.O. Box Number is Not Acceptable) 2420 S.W. 81st Ave, Unit # 401 City Davie	
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 <u><i>Mary Lou Robbins</i></u> Secretary/Director <u>02/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARONSON, BUDDY 1300 ST CHARLES PLACE APT 607 PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CANNY-MATTHEWS, HELEN 1270 RED BIRD AVE MIAMI SPRINGS, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TEEMS, THOMAS E 3550 NE 169ST #101 NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mary Lou Robbins 2420 S.W. 81 st Ave, Unit # 401 Davie, FL 33324-5749 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK, WILLIAM 1041 SW 95 TERRACE PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Raymond Perlman 3300 North State Road 7 Hollywood, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	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"/> Delete	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: <u><i>Mary Lou Robbins</i></u> Mary Lou Robbins - SD <u>02/28/06</u> <u>954-424-8255</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					