

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 713622 (9)

1. Corporation Name

THE OPTIMIST CLUB OF MIRAMAR, INC.



Principal Place of Business

Mailing Address

6040 S.W. 23RD STREET  
MIRAMAR FL 33023

6040 S.W. 23RD STREET  
MIRAMAR FL 33023

3. Date Incorporated or Qualified

11/14/1967

3a. Date of Last Report

10/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6207991

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

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

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARROYO, ANGEL  
19122 NW 12 COURT  
PEMBROKE PINES FL 33029

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTANEZ, JIM	
STREET ADDRESS	7667 TROPICANA ST	
CITY - ST - ZIP	MIRAMAR FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ARROYO, ANGEL	
STREET ADDRESS	19122 NW 12TH COURT	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALONSO, JORGE	
STREET ADDRESS	7729 GRANDVIEW BLVD.	
CITY - ST - ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEASLEY, RONALD	
STREET ADDRESS	2330 JAMACA DRIVE	
CITY - ST - ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JERREL, MARK	
STREET ADDRESS	2041 SW 67TH AVE.	
CITY - ST - ZIP	MIRAMAR FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JERREL, JANICE	
STREET ADDRESS	2041 SW 67TH AVE.	
CITY - ST - ZIP	MIRAMAR FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*al s q*

1-30-96

Date

438-6434

Daytime Phone #

CR2E037 (12/95)