

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 22, 2004
Secretary of State**

DOCUMENT# 713622

Entity Name: THE OPTIMIST CLUB OF MIRAMAR, INC.

Current Principal Place of Business:

PO BOX 260375
PEMBROKE PINES, FL 33026

New Principal Place of Business:

PO BOX 260735
PEMBROKE PINES, FL 33026

Current Mailing Address:

PO BOX 260375
PEMBROKE PINES, FL 33026

New Mailing Address:

PO BOX 260735
PEMBROKE PINES, FL 33026

FEI Number: 59-6207991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUTLER, SHERRI
8480 NW 16 STREET
PEMBROKE PINES, FL 33024 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLEMISHAW, TOM
Address: 1843 SW 173 AVE
City-St-Zip: MIRAMAR, FL 33029

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Delete
Name: ARROYO, DAVID
Address: 4131 OPEN WAY
City-St-Zip: COOPER CITY, FL 33026

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Delete
Name: FAUST, GLADYS
Address: 2405 JACKSON STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Delete
Name: BROWN, PAT
Address: 18103 SW 20 STREET
City-St-Zip: MIRAMAR, FL 33029

Title: TD (X) Change () Addition
Name: BROWN, PATRICIA A
Address: 18103 SW 20 STREET
City-St-Zip: MIRAMAR, FL 33029

Title: D () Delete
Name: ARROYO, ANGEL
Address: 19122 NW 12 CT.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Delete
Name: BUTLER, SHERRI
Address: 8480 NW 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ARROYO

PD

10/22/2004

Electronic Signature of Signing Officer or Director

_____ Date