

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 13, 2008
Secretary of State**

DOCUMENT# 713622

Entity Name: THE OPTIMIST CLUB OF MIRAMAR, INC.

Current Principal Place of Business:

15638 SW 40TH STREET
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

PO BOX 260735
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 59-6207991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUNNINGHAM, MICHELE M MRS
15638 SW 40TH STREET
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

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:

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

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

Title: S () Delete
Name: RODRIQUEZ, ANDREA MRS
Address: 7625 ALHAMBRA BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: T () Delete
Name: CUNNINGHAM, MICHELE M MRS
Address: 15638 SW 40TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: HORTON, TORONA MRS
Address: 2868 SW 135 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: VP () Change (X) Addition
Name: GOLDBERG, BOB
Address: 3208 SW 175 AVENUE
City-St-Zip: MIRAMAR, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHELE CUNNINGHAM

T

04/13/2008

Electronic Signature of Signing Officer or Director

Date