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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 714375 (3)

1. Corporation Name

THE OPTIMIST CLUB OF PEMBROKE PINES, FLORIDA, IN
C.



Principal Place of Business

Mailing Address

P O BOX 848535
PEMBROKE PINES FL 33084

P O BOX 848535
PEMBROKE PINES FL 33084-0535

3. Date Incorporated or Qualified
04/02/1968

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-6210370

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

GOLDBERG, ROBERT - PRESIDENT
2226 NOVA VILLAGE DR
DAVIE FL 33317

81 Name

KAREN D. RYAN

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

SAME AS BELOW

83

84 City

FL

85 Zip Code

33023

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

KAREN D. RYAN - TREASURER

Karen D. Ryan

DATE

1/14/97

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME CASTERTON, WARD
STREET ADDRESS 1270 GOLDVIEW DR W
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE Director ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME RYAN, MICHAEL
STREET ADDRESS 6831 SW 9 ST
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME TETREULT, NELSON
STREET ADDRESS 8441 NW 5TH ST
CITY-ST-ZIP PEMBROKE PINES FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME WEINSTEIN, JEFF
STREET ADDRESS 1151 NORTHWEST 124 AVENUE
CITY-ST-ZIP PEMBROKE PINES FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME RYAN, KAREN
STREET ADDRESS 6831 SW 9TH ST
CITY-ST-ZIP PEMBROKE PINES FL

5.1 TITLE Treasurer ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME NULL, ED
STREET ADDRESS 11492 SW 10 COURT
CITY-ST-ZIP FORT LAUDERDALE FL

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Karen D. Ryan

Date

Daytime Phone # 0026412

CR2E037 (9/96)