

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714375

1. Corporation Name

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

Principal Place of Business
P O BOX 848535
PEMBROKE PINES FL 33084

Mailing Address
P O BOX 848535
PEMBROKE PINES FL 33084

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90007 043 *****8.75
03-17-1999 90007 044 *****61.25
05-17-1999 90032 043 *****35.00



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/02/1968	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6210370	
City & State		City & State		5. Certificate of Status Desired	
23		28		X \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
25		30		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RYAN, KAREN D 6831 SW 9TH ST PEMBROKE PINES FL 33023				81 Name JEFF WEINSTEIN 82 Street Address (P.O. Box Number is Not Acceptable) 151 NORTHWEST 124 AVENUE 83 9944 N 88, HILL PLACE 84 Sunrise PEMBROKE PINES FL 85 Zip Code 33031	
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 <u>Jeff Weinstein</u> DATE <u>2/11/99</u>					
(NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	DELETE	1.1 TITLE	D	X Change
NAME	CASTERTON, WARD		1.2 NAME		
STREET ADDRESS	1270 GOLDVIEW DR W		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP		
TITLE	P	DELETE	2.1 TITLE		
NAME	RYAN, MICHAEL		2.2 NAME		
STREET ADDRESS	6831 SW 9 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP		
TITLE	J	DELETE	3.1 TITLE	D	X Change
NAME	CASTERTON, JEFF		3.2 NAME		
STREET ADDRESS	13580 NW 4TH ST, #206		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP		
TITLE	S	DELETE	4.1 TITLE		
NAME	WEINSTEIN, JEFF		4.2 NAME		
STREET ADDRESS	1151 NORTHWEST 124 AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE		
NAME	RYAN, KAREN		5.2 NAME		
STREET ADDRESS	6831 SW 9TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		5.4 CITY-ST-ZIP		
TITLE	D	X DELETE	6.1 TITLE		
NAME	NULL, ED		6.2 NAME		
STREET ADDRESS	11492 SW 10 COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		6.4 CITY-ST-ZIP		
			DAVID O CASEK 1014 NW 89 TERR. PEMBROKE PINES, FL 33024		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Weinstein 2/11/99 305-592-7693
Date Daytime Phone # 212/10

CR2E037 (1/98)