


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 716143 1. Entity Name OPTIMIST CLUB OF SUNILAND, INC.	
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Principal Place of Business 12855 S DIXIE HWY P.O. BOX 560403 PINECREST, FL 33156	Mailing Address 12855 S DIXIE HWY P.O. BOX 560403 PINECREST, FL 33156
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01242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2289503	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEPHENS, ERIC 8300 SW 119 ST. MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MONTALVO, RALPH 851 SAN PEDRO AVE. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEPHENS, ERIC 8300 SW 119 ST. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GABLE, LYNNE 8340 SW 94 ST. PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BURGESS, KAREN 11905 SW 73 AVE PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000200120
01/28/05-80013-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Burgess 01-24-05 305 234-9613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #