


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # 716143	
1. Entity Name OPTIMIST CLUB OF SUNILAND, INC.	

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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DO NOT WRITE IN THIS SPACE



02262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2289503	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, ERIC
8300 SW 119 ST.
MIAMI, FL 33156

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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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03/09/07-80005-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **02-26-07** **305 234-9613**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #