



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 12, 2008 8:00 am**  
**Secretary of State**

08-12-2008 90025 004 \*\*\*\*70.00

<b>DOCUMENT # 716143</b>			
1. Entity Name <b>OPTIMIST CLUB OF SUNILAND, INC.</b>			
Principal Place of Business <b>12855 S DIXIE HWY P.O. BOX 560403 PINECREST, FL 33156</b>		Mailing Address <i>New:</i> <b>12855 S DIXIE HWY P.O. BOX 560403 PINECREST, FL 33156</b> <b>11905 SW 7 Pinecrest, FL 33156</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		08062008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>59-2289503</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STEPHENS, ERIC 8300 SW 119 ST. MIAMI, FL 33156</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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			
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.			
<b>SIGNATURE:</b> <i>Karen Burgess, Treasurer</i>		08/06/08 305 234-9613	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	