

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716143

FILED
Jun 23, 2009
Secretary of State

Entity Name: OPTIMIST CLUB OF SUNILAND, INC.

Current Principal Place of Business:

12855 S DIXIE HWY
P.O. BOX 560403
PINECREST, FL 33156

New Principal Place of Business:

12855 S DIXIE HWY
PINECREST, FL 33156

Current Mailing Address:

11905 SW 73 AVE
PINECREST, FL 33156

New Mailing Address:

FEI Number: 59-2289503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MONTALVO, RALPH
Address: 851 SAN PEDRO AVE.
City-St-Zip: MIAMI, FL 33156

Title: P () Delete
Name: STEPHENS, ERIC
Address: 8300 SW 119 ST.
City-St-Zip: MIAMI, FL 33156

Title: S () Delete
Name: GABLE, LYNNE
Address: 8340 SW 94 ST.
City-St-Zip: PINECREST, FL 33156

Title: T () Delete
Name: BURGESS, KAREN
Address: 11905 SW 73 AVE
City-St-Zip: PINECREST, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN BURGESS

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06/23/2009

Electronic Signature of Signing Officer or Director

Date