


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 717674</b> 1. Entity Name WEST BROWARD OPTIMIST CLUB, LAUDERHILL, FLORIDA, INC.		
Principal Place of Business 4930 N.W. 15 COURT LAUDERHILL, FL 33313	Mailing Address 4930 N.W. 15 COURT LAUDERHILL, FL 33313	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  RIVERS, MARY F 4930 N.W. 15 COURT LAUDERHILL, FL 33313		<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 _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COOK, DON 9430 NW 43RD ST SUNRISE, FL 33351	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RIVERS, MARY F 4930 NW 15 COURT FORT LAUDERDALE, FL 33317	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RICH, DOROTHY 4230 N.W. 73RD AVENUE LAUDERHILL, FL 33319	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 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: <u>Mary F. Rivers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/12/04</u> <u>954-739-1312</u> <small>Date Daytime Phone #</small>



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7043096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/16/04-80046-004 61.25