2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2005 8:00 am Secretary of State

DOCUMENT # 717674 1. Entity Name WEST BROWARD OPTIMIST CLUB, LAUDERHILL, FLORIDA, INC.				Secretary of State 01-14-2005 90007 014 ****61.25				
Principal Place of Business Mailing Address 4930 N.W. 15 COURT 4930 N.W. 15 COURT LAUDERHILL, FL 33313 LAUDERHILL, FL 33313			<u> </u>		YARIN GIIN KARK GIRI		JAJOJ Direk Al Men	
2. Principal Place of Business 3. Mai		Mailing Address	illing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112005 C	hg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 23-704309	96	 	pplied For ot Applicable	
Žip	Country	Žip	Country	5. Certificate of St	tatus Desired	See Require		
	6. Name and Address of Current Regi	stered Agent		7. Name and Add	tress of New Ro	egistered Agent		
RIVERS, MARY F 4930 N.W. 15 COURT				Name Street Address (P.O. Box Number is Not Acceptable)				
LAUDERH	IILL, FL 33313							
<u> </u>			City		-	FL Zip Coo	ie	
8. The above the obligat	e named entity submits this statement for the tions of registered agent.	purpose of changing its rec	gistered office or regist	ered agent, or both, in	the State of Flor	rida I am familiar,with,	and accept	
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- · · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered agent and titl	a if applicable. (NOTE: Re	rgistered Agent signature requir	red when reinstating)		DATE		
	Signature, typed or printed name of registered agent and its Filling Fee is \$61.25 Due by May 1, 2005	9. Election Campa Trust Fund Conf	aign Financing	\$5.00 May Be Added to Fees		DATE ake check payable t da Department of S		
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRECT	9. Election Campa Trust Fund Conf	aign Financing	\$5.00 May Be Added to Fees	Flori	ake check payable t	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campa Trust Fund Conf	aign Financing tribution.	\$5.00 May Be Added to Fees	Flori	ake check payable t da Department of S	tate	
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRECT PD COOK, DON 9430 NW 43RD ST	9. Election Campa Trust Fund Cont	aign Financing tribution.	\$5.00 May Be Added to Fees	Flori	ake check payable t da Department of S	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRECT PD COOK, DON 9430 NW 43RD ST SUNRISE, FL 33351 SD RIVERS, MARY F 4930 NW 15 COURT	9. Election Campa Trust Fund Cont ORS Delete	aign Financing tribution. 11. ITILE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	ake check payable to da Department of S RS AND DIRECTORS IN	N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRECT PD COOK, DON 9430 NW 43RD ST SUNRISE, FL 33351 SD RIVERS, MARY F 4930 NW 15 COURT FORT LAUDERDALE, FL 33317 TD RICH, DOROTHY 4230 N.W. 73RD AVENUE	9. Election Campa Trust Fund Cont ORS Delete	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	ake check payable to da Department of S	N 10 Addition	
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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: _//

SIGNATURE AND TYPED OR PROVIDED NAME OF SIGNANG OFFICER OR DIRECT

10/05 754 323-360