2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2008 8:00 am Secretary of State

DOCUMENT # 717674 1. Entity Name WEST BROWARD OPTIMIST CLUB, LAUDERHILL, FLORIDA, INC.									02-	-14-200	8 90023	3 003 ****	61.25
4930 N.W. 15 COURT 4				Mailing Address 4930 N.W. 15 COURT LAUDERHILL, FL 33313				գ ս ∘ 	 	1 1 6 777 1 16 11 1		. Bibli bibli bibli bibli	B) 61 82 188
2. Principal Place of Business - No P.O. Box # 3			3. Mailir	3. Mailing Address									
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				01152008	Chg	-NP	CR2E	037 (12/06)	
City & State			City	City & State				4. FEI Numbe 23-704					pplied For ot Applicable
Zip Country			Zip					Certificate of Status Desired					
6. Name and Address of Current Registered Agent						Name		7. Name and	Addre	ss of New	Registere	d Agent	
RIVERS, MARY F 4930 N.W. 15 COURT LAUDERHILL, FL 33313							ddress (F	P.O. Box Number	er is No	t Acceptat	ole)		
						City					F	Zip Cod	de
	named entitions of regist	y submits this statement for tered agent.	or the purpo:	se of changing its	registere	L ed office or	register	ed agent, or bot	th, in th	e State of I			, and accept
SIGNATURE .	Signature, typed	y F, Kurlu I of printed harne of registered agen	and title if applic	cable (NOT	E: Registere	d Agent signate	ure required	when reinstating)		2/	DAT	108	
													
	_	/		9. Election Car Trust Fund (\$5.00 May B Added to Fees				eck payable partment of S	
10.	Due by M		IRECTORS			ion.	A	Added to Fees	ANGES	FIO OFFIC	orida Dep CERS AND	partment of S	itate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, 4981 NW	May 1, 2008 OFFICERS AND DI	IRECTORS		11. TITLE . NAM!	ion.	A	Added to Fees	ANGES	FIO OFFIC	orida Dep CERS AND	partment of S	itate
TITLE NAME STREET ADDRESS	PD WILSON, 4981 NW LAUDERI SD RIVERS, 4930 NW	OFFICERS AND DI OLGA 15TH CT HILL, FL 33313		Trust Fund (11. TITLE NAME STRE CITY TITLE NAME STRE	E E EET ADDRESS -ST-ZIP	A	Added to Fees	ANGES	FIO OFFIC	orida Dep CERS AND	DIRECTORS II	N 10
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May F. Javes SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: