
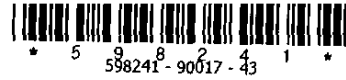


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90017 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 720289					
1. Corporation Name THE OPTIMIST CLUB OF CUTLER RIDGE, INC.					
Principal Place of Business 14411 FAIRFAX PLACE 12300 SW 199 Ave DAVIE FL 33325 US			Mailing Address 14411 FAIRFAX PLACE 12300 SW 199 Ave DAVIE FL 33325 MIAMI, FL 33196 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/19/1971	
4. FEI Number 23-7064720		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent WORSDALE, JAMES 1031 DANA COURT MARCO ISLAND FL 33937				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MORRIS, LLOYD	1.1 TITLE	
NAME	5010 S W 93RD CT	1.2 NAME	
STREET ADDRESS	MIAMI FL 33185	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D HUSK, JAMES	2.1 TITLE	
NAME	8311 SE 96 PLACE	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D ELROY, JAMES	3.1 TITLE	VICE PRESIDENT
NAME	PO BOX 3800	3.2 NAME	RAUL MOYA
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	12300 SW 199 AVENUE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33196
TITLE	D KING, KATHY	4.1 TITLE	SECRETARY/TREASURER
NAME	14411 FAIRFAX PLACE	4.2 NAME	GABRIELA MOYA
STREET ADDRESS	DAVIE FL	4.3 STREET ADDRESS	12300 SW 199 AVENUE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33196
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lloyd Morris - 7/7/99 301-271-6152

CR2E037 (11/98)