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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **721679** **(9)**

1. Corporation Name

PALMETTO OPTIMIST CLUB OF MIAMI, FLORIDA, INC.

Principal Place of Business	Mailing Address
18500 SW 97TH AVENUE P.O. BOX 570771 MIAMI FL 33157-7025	P.O. BOX 570771 MIAMI FL 33257-0771

3. Date Incorporated or Qualified: 09/10/1971
3a. Date of Last Report: 02/12/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-6168884 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, RICHARD M.
16225 SW 98TH CT.
MIAMI FL

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MOSS, CLARENCE		1.2 NAME	McCRAY, ALVIN	
STREET ADDRESS	11420 SW 196 ST.		1.3 STREET ADDRESS	20016 SW 123 DRIVE	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCRAY, NELLIE		2.2 NAME		
STREET ADDRESS	21630 SW 108 CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WALLACE, C.		3.2 NAME		
STREET ADDRESS	11701 SW 176 TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	MOSS, LULA		4.2 NAME	MOSS, CLARENCE	
STREET ADDRESS	11420 SW 196TH ST		4.3 STREET ADDRESS	11420 SW 196 ST	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRYER, TOM		5.2 NAME		
STREET ADDRESS	8646 OLD CUTLER RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCCRAY, BERT		6.2 NAME		
STREET ADDRESS	21630 SW 108 CT.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Clarence McCray CLARENCE MOSS 2-22-97 3059561302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0034061