

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 732717 (4)

1. Corporation Name

OPTIMIST CLUB OF MEDLEY, FLORIDA, INC.



Principal Place of Business: **7331 NW 74 STREET MIAMI FL 33166**
 Mailing Address: **7331 NW 74 STREET MIAMI FL 33166**

3. Date Incorporated or Qualified: **05/08/1975**
 3a. Date of Last Report: **05/26/1995**

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: **23-7424610**
 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

**MEEHAN, DANNY
 7604 NW 68P
 MEDLEY FL 33166**

10. Name and Address of New Registered Agent

81 Name: **Ramon Rodriguez**
 82 Street Address (P.O. Box Number is Not Acceptable): **8181 NW So. River Dr. # E500**
 83 City: **Medley Fla.**
 84 City: **FL** 85 Zip Code: **33166**

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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CANNY, HELEN	
STREET ADDRESS	1270 RED BIRD AVE.	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, RAMON	
STREET ADDRESS	8181 NW S RIVER DR., #E500	
CITY-ST-ZIP	MEDLEY FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MEEHAN, DANNY	
STREET ADDRESS	7604 NW 68TH PL	
CITY-ST-ZIP	MEDLEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REED, GREG	
STREET ADDRESS	12401 W. OKEECHOBEE RD.	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	READ, GREY	
STREET ADDRESS	12401 W OKEECHOBEE ROAD	
CITY-ST-ZIP	HIALEAH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEDER, MARTHA MD	
STREET ADDRESS	7637 N.W. 68TH PLACE	
CITY-ST-ZIP	MEDLEY FL 33166	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	(President)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rodriguez Ramon	
1.3 STREET ADDRESS	8181 NW So. River Dr. # E500	
1.4 CITY-ST-ZIP	Medley Fla. 33166	
2.1 TITLE	(ST)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Helen Canny	
2.3 STREET ADDRESS	1270 Red Bird Ave	
2.4 CITY-ST-ZIP	Miami Springs FL 33166	
3.1 TITLE	(V.P.)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jack Moerew	
3.3 STREET ADDRESS	7550 NW So. River Dr.	
3.4 CITY-ST-ZIP	Medley Fla. 33166	
4.1 TITLE	(Director)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Danny Meehan	
4.3 STREET ADDRESS	7604 NW 68 PL.	
4.4 CITY-ST-ZIP	Medley FL 33166	
5.1 TITLE	(Director)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dottie Grant	
5.3 STREET ADDRESS	7622 NW 68 LT.	
5.4 CITY-ST-ZIP	Medley Fla. 33166	
6.1 TITLE	(Director)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Manion Thompson	
6.3 STREET ADDRESS	7669 NW 69th Ave	
6.4 CITY-ST-ZIP	Medley FL 33166	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Ramon Rodriguez
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

6/28/96

305-297-1376
 Daytime Phone #

CR2E037 (3/96)