

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 Mailing Address  
7331 NW 74 STREET 7331 NW 74 STREET  
MIAMI FL 33166 MIAMI FL 33166

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

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  
7804 NW 88P  
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 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  
NAME CANNY, HELEN  
STREET ADDRESS 1270 RED BIRD AVE.  
CITY - ST - ZIP MIAMI SPRINGS FL 33166

TITLE ST  
NAME RODRIGUEZ, RAMON  
STREET ADDRESS 8181 NW S RIVER DR., #E500  
CITY - ST - ZIP MEDLEY FL

TITLE VP  
NAME MEEHAN, DANNY  
STREET ADDRESS 7804 NW 68TH PL  
CITY - ST - ZIP MEDLEY FL

TITLE D  
NAME REED, GREG  
STREET ADDRESS 12401 W. OKEECHOBEE RD.  
CITY - ST - ZIP HIALEAH GARDENS FL 33016

TITLE D  
NAME READ, GREY  
STREET ADDRESS 12401 W OKEECHOBEE ROAD  
CITY - ST - ZIP HIALEAH GARDENS FL

TITLE D  
NAME PEDER, MARTHA MD  
STREET ADDRESS 7837 N.W. 68TH PLACE  
CITY - ST - ZIP MEDLEY FL 33166

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (President)  
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)  
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 (VP)  
3.2 NAME Jack Moenow  
3.3 STREET ADDRESS 7550 NW So. River Dr.  
3.4 CITY - ST - ZIP Medley Fla. 33166

4.1 TITLE (Director)  
4.2 NAME Danny Meehan  
4.3 STREET ADDRESS 7804 NW 68 PL.  
4.4 CITY - ST - ZIP Medley FL 33166

5.1 TITLE (Director)  
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)  
6.2 NAME Marion 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/96

DATE

305 297-1376

Daytime Phone #

0008150

CR2E037 (3/96)