

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735149

FILED
Apr 26, 2004
Secretary of State

Entity Name: OPTIMIST CLUB OF MIAMI SPRINGS, FLORIDA, INC.

Current Principal Place of Business:

1101 WREN AVENUE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

PO BOX 66-0071
MIAMI SPRINGS, FL 33266

New Mailing Address:

FEI Number: 59-6155179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOB, GEORGE V
860 PLOVER AVE
MIAMI SPRINGS, FL 33166 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BITHORN, KARL
Address: 6685 N.W. 40TH ST
City-St-Zip: MIAMI, FL 33166

Title: VPD () Delete
Name: RINEHART, CLARK P
Address: 1171 SWAN AVE
City-St-Zip: MIAMI, FL 33166

Title: PD () Delete
Name: LOB, GEORGE
Address: 860 PLOVER AVE
City-St-Zip: MIAMI, FL 33166

Title: TD () Delete
Name: ROJAS, JAIME
Address: 7797 W 29 LN #107
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: ROJAS, JIMMY
Address: 7797 W 29TH LANE #101
City-St-Zip: HIALEAH, FL 33018

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMMY ROJAS

TD

04/26/2004

Electronic Signature of Signing Officer or Director

Date