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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 12:35

DOCUMENT # 738356 (5)

1. Corporation Name
THE OPTIMIST CLUB OF WESTWOOD, FLORIDA, INC.

Principal Place of Business	Mailing Address
9745 SW 92 AVE MIAMI FL 33176	9745 SW 92 AVE MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1977
3a. Date of Last Report: 02/25/1994
4. FEI Number: 23-7052301 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24 / Country 25:
Zip 29 / Country 30:
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SACHS, STUART
9745 S.W. 92ND AVENUE
MIAMI FL 33176

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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	SNIPES, DEL	1.2 NAME		
STREET ADDRESS	4222 SW 98TH AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	DIAZ, GREGORY	2.2 NAME	[redacted] Humphrey John	
STREET ADDRESS	2832 SW 124TH COURT	2.3 STREET ADDRESS	6360 SW 62 St	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL 33173	
TITLE	D	3.1 TITLE	Secretary/Treasurer	☒ Change ☐ Addition
NAME	LOPEZ, ROBERT	3.2 NAME		
STREET ADDRESS	5255 SW 115TH AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	WOODROME, MICHAEL	4.2 NAME		
STREET ADDRESS	11470 SW 59TH TERR	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	SACHS, STUART	5.2 NAME		
STREET ADDRESS	9745 SW 92 AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	SOLTIS, MICHAEL	6.2 NAME		
STREET ADDRESS	8300 SW 99TH AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP		

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)(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: [signature] 5/13/95 305-348-2756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044530