

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Mar 27 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # 738356 (5)**  
1. Corporation Name  
**THE OPTIMIST CLUB OF WESTWOOD, FLORIDA, INC.**



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

3. Date Incorporated or Qualified **03/15/1977** 3a. Date of Last Report **05/24/1995**  
4. FEI Number **23-7052301** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country  
24 25 29 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE **3/20/96**

**12. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
D	SNIPES, DEL	4222 SW 98TH AVE	MIAMI FL	<input checked="" type="checkbox"/>
D	HARTNEY, JOHN	5360 62ND ST	MIAMI FL	<input type="checkbox"/>
ST	LOPEZ, ROBERT	5255 SW 115TH AVE	MIAMI FL	<input type="checkbox"/>
V	WOODROME, MICHAEL	11470 SW 59TH TERR	MIAMI FL	<input type="checkbox"/>
PD	SACHS, STUART	9745 SW 92 AVE.	MIAMI FL	<input type="checkbox"/>
D	SOLTIS, MICHAEL	8300 SW 99TH AVE	MIAMI FL	<input checked="" type="checkbox"/>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
1.1	1.2	1.3	1.4	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/96** **305-348-2756**  
Date Daytime Phone #

CR2E037 (12/95)