2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748520

FILED Mar 19, 2009 Secretary of State

Entity Name: THE OPTIMIST CLUB OF WEST KENDALL, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
6125 SW MIAMI, FL					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
13448 SW #D-102 MIAMI, FL					
FEI Number	: 59-1923532	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
	V 62 ST 33183 US	cubmits this statement for the	nurness of shanging its register	rad office or registered egent, or both	
	e of Florida.	submits this statement for the	purpose of changing its register	red office or registered agent, or both,	
SIGNATU					
	Electror	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () ROSA, THERES 13448 SW 62N MIAMI, FL 331	ID ST. #D-102	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP () WESTBURY, D 7511 SW 145 A	AVE	Title: Name: Address:	() Change () Addition	
	MIAMI, 33 331	83	City-St-Zip:		
City-St-Zip: Title: Name: Address:	MIAMI, 33 331) Delete UDIE N	City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	MIAMI, 33 331 FIN () THOMPSON, A 1475 SW 61 LN MIAMI, FL 331) Delete UDIE N 83) Delete AEL LER	Title: Name: Address:	() Change () Addition () Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	MIAMI, 33 331 FIN () THOMPSON, A 1475 SW 61 LN MIAMI, FL 331 D () CEASE, MICHA 2720 W FLAGL MIAMI, FL 331 TRES () BASTOS, MARI) Delete UDIE N 83) Delete AEL LER 35) Delete IA L NEBLEAU BLVD. #7	Title: Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THERESA ROSA P 03/19/2009