FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR -3 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765856 (0)

1. Corporation Name

OPTIMIST CLUB OF MIAMI SHORES COMMUNITY BETTERMENT FUND, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O WILLIAM O. YATES 9999 N.E. 2ND AVENUE SUITE 216 MIAMI SHORES FL 33138-2389	C/O WILLIAM O. YATES 9999 N.E. 2ND AVENUE SUITE 216 MIAMI SHORES FL 33138-2389

3. Date Incorporated or Qualified: 11/23/1982
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2261788 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	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	10. Name and Address of New Registered Agent
YATES, WILLIAM O. 9999 NE 2ND AVE. SUITE 216 MIAMI SHORES FL 33138	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, type 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	~~PD~~	11 TITLE	PD	☒ Change ☐ Addition
NAME	~~BRUEGER, FRANK W~~	12 NAME	TUCKER, MICHAEL R.	
STREET ADDRESS	~~730 N.E. 74TH ST~~	13 STREET ADDRESS	995 N.E. 144th Street	
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	Miami, FL 33161	
TITLE	~~VD~~	21 TITLE	V/D	☒ Change ☐ Addition
NAME	~~TUCKER, MICHAEL R~~	22 NAME	PERROTTI, ERMANNO L.	
STREET ADDRESS	~~995 N.E. 144TH ST~~	23 STREET ADDRESS	935 N.E. 75th Street	
CITY-ST-ZIP	~~MIAMI FL~~	24 CITY-ST-ZIP	Miami, Florida 33138	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	SMITH, SHELDON, JR.	32 NAME		
STREET ADDRESS	440 GRAND CONCOURSE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	WASHINGTON, THOMAS M	42 NAME		
STREET ADDRESS	3 N.E. 109TH ST.	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: _____ 2/22/95 (305) 693-0607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number
Michael R. Tucker

0041B01