

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 765856 (0)

1. Corporation Name

OPTIMIST CLUB OF MIAMI SHORES COMMUNITY BETTERMENT FUND, INC.

Principal Place of Business

C/O WILLIAM O. YATES  
9999 N.E. 2ND AVENUE SUITE 216  
MIAMI SHORES FL 33138-2389

Mailing Address

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  
03/03/1995

2. Principal Place of Business

21 17 N.E. 109 ST.

2a. Mailing Address

26 17 N.E. 109 ST.

4. FEI Number

59-2261788

Applied For

Not Applicable

Suite, Apt. #, etc.

22 MIAMI SHORES, FL

Suite, Apt. #, etc.

27 MIAMI SHORES, FL

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23 Zip  
24 33161

Country

25 USA

Zip

29 33161

Country

30 USA

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

YATES, WILLIAM O.

82 Street Address (P.O. Box Number is Not Acceptable)

83 17 N.E. 109 ST.

84 City

MIAMI SHORES FL

85 Zip Code

33161

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

*William O. Yates*  
Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

1/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME TUCKER, MICHAEL R  
STREET ADDRESS 995 NE 144TH STREET  
CITY-STATE-ZIP MIAMI FL ☒ DELETE

1.1 TITLE PD  
1.2 NAME PEREZ, RAYMOND V. ☒ Change ☐ Addition  
1.3 STREET ADDRESS 180 NE 112th TER.  
1.4 CITY-STATE-ZIP NORTH MIAMI, FL, 33161

TITLE VD  
NAME PERROTTI, ERMANNO L  
STREET ADDRESS 935 NE 75TH STREET  
CITY-STATE-ZIP MIAMI FL ☒ DELETE

2.1 TITLE VD  
2.2 NAME LANCE, JERRY W. ☒ Change ☐ Addition  
2.3 STREET ADDRESS 246 N.E. 102 ST.  
2.4 CITY-STATE-ZIP MIAMI SHORES, FL. 33138

TITLE SD  
NAME SMITH, SHELDON, JR.  
STREET ADDRESS 440 GRAND CONCOURSE  
CITY-STATE-ZIP MIAMI SHORES FL ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME WASHINGTON, THOMAS M  
STREET ADDRESS 3 N.E. 109TH ST.  
CITY-STATE-ZIP MIAMI SHORES FL ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Raymond V. Perez*  
RAYMOND V. PEREZ PRESIDENT

Date

Daytime Phone #

CR2E037 (12/95)