


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 17 NE 109 STREET 9999 N.E. 2ND AVENUE SUITE 216 MIAMI SHORES FL 33161 US	Mailing Address 17 NE 109 STREET 9999 N.E. 2ND AVENUE SUITE 216 MIAMI SHORES FL 33161 US
--	--

2. Principal Place of Business 21 PO Box 530631 Suite, Apt. #, etc. 22 City & State 23 Miami Shores, FL Zip 24 33153 Country 25 USA	2a. Mailing Address 26 PO Box 530631 Suite, Apt. #, etc. 27 City & State 28 Miami Shores, FL Zip 29 33153 Country 30 USA
--	---

3. Date Incorporated or Qualified 11/23/1982	
4. FEI Number 59-2261788	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent YATES, WILLIAM O. 17 NE 109 STREET MIAMI SHORES FL 33161
--

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D PEREZ, RAYMOND V.
STREET ADDRESS	180 NE 128 TERRACE
CITY-ST-ZIP	NORTH MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD LANCE, JERRY W
STREET ADDRESS	246 NE 102 STREET
CITY-ST-ZIP	MIAMI SHORES FL
TITLE	<input type="checkbox"/> DELETE
NAME	STD EDWARDS, HAROLD L
STREET ADDRESS	7725 NE 8TH AVE
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD ROMANI, RONALD C
STREET ADDRESS	10931 NE 6TH AVE
CITY-ST-ZIP	MIAMI SHORES FL
TITLE	<input type="checkbox"/> DELETE
NAME	E
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Edwards, Harold L.
3.3 STREET ADDRESS	7725 NE 8 Ave
3.4 CITY-ST-ZIP	Miami
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sec Teems, Thomas E
5.3 STREET ADDRESS	12225 NE 11 Place
5.4 CITY-ST-ZIP	North Miami, FL 33161
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: **Thomas Teems, Secy 2/3/98** 305-895-3691

CP2E037 (10/97)