



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90030 020 \*\*\*\*61.25

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # 765856</b>   |  |   |   |                       |  |
| <b>1. Entity Name</b><br>OPTIMIST CLUB OF MIAMI SHORES COMMUNITY<br>BETTERMENT FUND, INC.  |  |   |   |  |  |
| <b>Principal Place of Business</b><br>P.O. BOX 530631<br>MIAMI SHORES, FL 33153 US   |  |   | <b>Mailing Address</b><br>P.O. BOX 530631<br>MIAMI SHORES, FL 33153 US  |  |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>   |   |                      |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   | 01072004 Chg-NP CR2E037 (10/03)  |  |
| City & State   |  | City & State  |   | <b>4. FEI Number</b><br>59-2261788   |  |
| Zip  |  | Country   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>   |  |   | <b>7. Name and Address of New Registered Agent</b>  |  |  |
| TEEMS, THOMAS E<br>12225 NE 11 PL<br>MIAMI, FL 33181   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code   |  |  |
| 3550 N.E. 169 Street<br>Apt. F-101<br>N. Miami Beach, FL 33160   |  |   | 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |  |  |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>FILIATRAULT, DAN<br>73 NW 98 STREET<br>MIAMI, FL 33150     | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>Hopkins, Marie<br>118 N.W. 94 street<br>Miami, FL 33150  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>HOPKINS, MARIE T<br>118 NW 94 STREET<br>MIAMI, FL 33150   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>Smith, Shirley<br>440 Grand Concourse<br>Miami, FL 33138  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>FILIATRAULT, CHRISTY<br>73 NW 98 STREET<br>MIAMI, FL 33150 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>TEEMS, THOMAS E<br>12225 NE 11 PL<br>NORTH MIAMI, FL 33161                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>TEEMS, THOMAS E<br>12225 NE 11 PL<br>NORTH MIAMI, FL 33161 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>TEEMS, THOMAS E<br>12225 NE 11 PL<br>NORTH MIAMI, FL 33161                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>TEEMS, THOMAS E<br>12225 NE 11 PL<br>NORTH MIAMI, FL 33161 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>TEEMS, THOMAS E<br>12225 NE 11 PL<br>NORTH MIAMI, FL 33161                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b> |  |   |   |  |  |
| <b>SIGNATURE:</b> <u>Marie Hopkins</u> <b>MARIE HOPKINS</b>  |  |   | 1/26/04   |  | 305-502-1657   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | <small>Date</small>   |  | <small>Daytime Phone #</small>   |