


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90102 013 \*\*\*\*61.25

<b>DOCUMENT # 765856</b>	
1. Entity Name	
OPTIMIST CLUB OF MIAMI SHORES COMMUNITY BETTERMENT FUND, INC.	

Principal Place of Business	Mailing Address
P.O. BOX 530631 MIAMI SHORES FL 33153 US	P.O. BOX 530631 MIAMI SHORES FL 33153 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number		Applied For
59-2261788		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TEEMS, THOMAS E 3550 N.E. 169 STREET NORTH MIAMI BEACH FL 33160		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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:

SIGNATURE Thomas E. Leems 4-3-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	President
NAME	HOPKINS, MARIE	NAME	Buddy Aronson
STREET ADDRESS	118 NW 94 STREET	STREET ADDRESS	1390 St. Charles Place #607
CITY-ST-ZIP	MIAMI FL 33150	CITY-ST-ZIP	Pembroke Pines, FL 33026
TITLE	VPD	TITLE	VP
NAME	SMITH, SHIRLEY	NAME	Helen Canny-Matthews
STREET ADDRESS	440 GRAND CONCOURSE	STREET ADDRESS	1270 Redbird Ave.
CITY-ST-ZIP	MIAMI FL 33138	CITY-ST-ZIP	miami springs, FL 33166
TITLE	SD	TITLE	treasurer
NAME	FILIATRAULT, CHRISTY	NAME	William D. Clark
STREET ADDRESS	73 NW 98 STREET	STREET ADDRESS	1041 S.W. 95 Terrace
CITY-ST-ZIP	MIAMI FL 33150	CITY-ST-ZIP	Pembroke Pines, FL 33025
TITLE	SD	TITLE	secretary
NAME	TEEMS, THOMAS E	NAME	Teems, Thomas
STREET ADDRESS	12225 NE 11 PL	STREET ADDRESS	3550 N.E. 169 St #10-1
CITY-ST-ZIP	NORTH MIAMI FL 33161	CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: Thomas E. Leems 4-3-05 305-940-1155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #