

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001126

FILED
Mar 20, 2005
Secretary of State

Entity Name: NORTH MIAMI BEACH OPTIMIST LITTLE LEAGUE, INC.

Current Principal Place of Business:

571 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160

New Principal Place of Business:

17011 NE 19TH AVE
NORTH MIAMI BEACH, FL 33160

Current Mailing Address:

571 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160

New Mailing Address:

PO BOX 600022
NORTH MIAMI BEACH, FL 33160

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALLEN, JAMES J
571 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALLEN, JAMES
Address: 571 GOLDEN BEACH DRIVE
City-St-Zip: GOLDEN BEACH, FL 33160

Title: V () Delete
Name: LEON, EGOZI
Address: 19495 BISCAYNE BLVD. # 705
City-St-Zip: AVENTURA, FL 33180

Title: V () Delete
Name: MUFSON, LORETTA
Address: 230 ATLANTIC ISLE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: S () Delete
Name: HABER, LAURA
Address: 19530 NE 22 RD
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: T () Delete
Name: WOLFSON, ALAN
Address: 368 GOLDEN BEACH DRIVE
City-St-Zip: GOLDEN BEACH, FL 33160

Title: D (X) Delete
Name: KARR, RUSSELL
Address: 2405 NE 194TH STREET
City-St-Zip: MIAMI, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: THOMAS, GREG
Address: 19000 NE 20TH PLACE
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CERNY, JACOB
Address: 1653 NE 178TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J ALLEN

P

03/20/2005

Electronic Signature of Signing Officer or Director

Date