

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005301

FILED
Aug 06, 2009
Secretary of State

Entity Name: OPTIMIST CLUB OF WEST PEMBROKE PINES, INC.

Current Principal Place of Business:

17053 NW 10TH STREET
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

17053 NW 10TH STREET
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 65-0434706 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PEREZ, MARIO
4403 W TRADEWINDS AVENUE
LAUDERDALE BY THE SEA, FL 33308 US

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: PD () Delete
Name: GRIPPA, VINCENT
Address: 17053 NW 10TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD () Delete
Name: GOLDBERG, ROBERT
Address: 3208 SW 175TH AVE
City-St-Zip: MIRAMAR, FL 33029

Title: VD () Delete
Name: SALCEDA, MARIO
Address: 19090 SW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD () Delete
Name: PEREZ, MARIO
Address: 16137 SW 15TH ST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: TD () Delete
Name: COSTA, MARIO
Address: 1500 SW 98TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: BEZIANIS, LARA
Address: 155 CAMERON COURT
City-St-Zip: WESTON, FL 33327

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

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 exemption stated in Chapter 119, 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: MARIO COSTA

TD

08/06/2009

Electronic Signature of Signing Officer or Director

Date