

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90024 016 ****61.25

DOCUMENT # N03000003910

1. Entity Name

OPTIMIST CLUB OF NORTH COUNTY, INC.



Principal Place of Business

18026 NW 35TH CT.
OPA-LOCKA FL 33056

Mailing Address

18026 NW 35TH CT.
OPA-LOCKA FL 33056

2. Principal Place of Business

19611 NW 24TH AVE

3. Mailing Address

P.O. Box 681365

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

MIAMI GARDENS FL.

City & State

NORTH MIAMI FLORIDA

4. FEI Number

59-3772516

Applied For

Not Applicable

Zip

33055

Country

USA

Zip

33168

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

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

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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GARDNER, JAMES	
STREET ADDRESS	18026 NW 35TH CT.	
CITY - ST - ZIP	OPA-LOCKA FL 33056	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, HAROLD	
STREET ADDRESS	18026 NW 35TH CT.	
CITY - ST - ZIP	OPA-LOCKA FL 33056	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCOTT, NATHAN	
STREET ADDRESS	18026 NW 35TH CT.	
CITY - ST - ZIP	OPA-LOCKA FL 33056	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOLT, GLORIA J	
STREET ADDRESS	18026 NW 35TH CT.	
CITY - ST - ZIP	OPA-LOCKA FL 33056	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RZESZOTARSKI, LAURA	
STREET ADDRESS	18026 NW 35TH CT.	
CITY - ST - ZIP	OPA-LOCKA FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRY Rolfe	
STREET ADDRESS	18026 NW 35TH COURT	
CITY - ST - ZIP	OPA-LOCKA FL 33056	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Glenn J. Holt* *Sec. Presump* 2/23/04 (305) 687-7957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #