

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000003910

1. Entity Name
OPTIMIST CLUB OF NORTH COUNTY, INC.



Principal Place of Business
19611 NE 24TH AVE.
OPA LOCKA, FL 33055

Mailing Address
P.O. BOX 681365
MIAMI, FL 33168



01152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3772516 ☒ Applied For
Not Applicable

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

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IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GARDNER, JAMES
STREET ADDRESS 18026 NW 35TH CT.
CITY-ST-ZIP OPA-LOCKA, FL 33056

TITLE VD
NAME ROLLE, HARRY
STREET ADDRESS 18026 NW 35TH COURT
CITY-ST-ZIP OPA-LOCKA, FL 33056

TITLE VD
NAME SCOTT, NATHAN
STREET ADDRESS 18026 NW 35TH CT.
CITY-ST-ZIP OPA-LOCKA, FL 33056

TITLE SD
NAME HOLT, GLORIA J
STREET ADDRESS 18026 NW 35TH CT.
CITY-ST-ZIP OPA-LOCKA, FL 33056

TITLE TD
NAME RZESZOTARSKI, LAURA
STREET ADDRESS 18026 NW 35TH CT.
CITY-ST-ZIP OPA-LOCKA, FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000186866
01/21/05-80074-024 61.25

U000000186866
01/21/05-80074-025 8.75

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #