2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# N03000003910

Entity Name: OPTIMIST CLUB OF NORTH COUNTY, INC.

Current Principal Place of Business:

2870 NW 208TH STREET
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

2870 NW 208TH STREET
MIAMI, FL 33056

New Mailing Address:

FEI Number: 59-3772516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, JOANNE
2870 NW 208TH STREET
MIAMI, FL 33056 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: GARDNER, JAMES
Address: 18026 NW 35TH CT.
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VP ( ) Delete
Name: ROLLE, HARRY
Address: 18026 NW 35TH COURT
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VP ( ) Delete
Name: SCOTT, NATHAN
Address: 18026 NW 35TH CT.
City-St-Zip: MIAMI GARDENS, FL 33056

Title: ST ( ) Delete
Name: HOLT, GLORIA J
Address: 760 NW 129TH STREET
City-St-Zip: NORTH MIAMI, FL 33168

Title: ST ( ) Delete
Name: RZESZOTARSKI, LAURA
Address: 20525 NW 28TH AVENUE
City-St-Zip: OPA-LOCKA, FL 33056

Title: T ( ) Delete
Name: JONES, JOANNE
Address: 2870 NW 208TH STREET
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HICKS, LARRY
Address: 18026 N.W.35TH COURT
City-St-Zip: MIAMI GARDENS, FL 33056

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

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

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

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

Title: T (X) Change ( ) Addition
Name: JONES, JOANN
Address: 2870 NW 208TH STREET
City-St-Zip: MIAMI, FL 33056

I hereby certify that the information supplied with this filing does not qualify for the 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: JOANN JONES T 04/09/2007
Electronic Signature of Signing Officer or Director — Date