


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90039 023 ****70.00

DOCUMENT # N03000003910	
1. Entity Name OPTIMIST CLUB OF NORTH COUNTY, INC.	

Principal Place of Business 2870 NW 208TH STREET MIAMI, FL 33056	Mailing Address 2870 NW 208TH STREET MIAMI, FL 33056
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2. Principal Place of Business - No P.O. Box # 19405 N.W. 32 Ave	3. Mailing Address P.O. Box 351871
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03112008 Chg-NP CR2E037 (12/06)

City & State Miami, Garden FL	City & State	4. FEI Number 59-3772516	Applied For <input type="checkbox"/> Not Applicable
Zip 33056	Country Dade	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JONES, JOANNE 2870 NW 208TH STREET MIAMI, FL 33056		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 Joanne Jones (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HICKS, LARRY 18026 N.W. 35TH COURT MIAMI GARDENS, FL 33056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Gardner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1893 N.W. 11 Avenue Miami, Garden FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROLLE, HARRY 18026 NW 35TH COURT MIAMI GARDENS, FL 33056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTT, NATHAN 18026 NW 35TH CT. MIAMI GARDENS, FL 33056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOLT, GLORIA J 760 NW 129TH STREET NORTH MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RZESZOTARSKI, LAURA 20525 NW 28TH AVENUE OPA-LOCKA, FL 33056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, JOANN 2870 NW 208TH STREET MIAMI, FL 33056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joanne Jones Date Daytime Phone #