

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005608

FILED
May 01, 2006
Secretary of State

Entity Name: THE OPA-LOCKA OPTIMIST CLUB, INC

Current Principal Place of Business:

SHERBONDY PARK
777 SHARAZAD BLVD (BEHIND CITY HALL)
OPA-LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 541065
OPA-LOCKA, FL 33054

New Mailing Address:

FEI Number: 90-0088320 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

TEEN UP-WARD BOUND, INC
490 OPA-LOCKA BLVD, SUITE 10
OPA-LOCKA, FL 33054 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: P () Delete
Name: RUSSELL, JANNIE
Address: 1210 PERI STREET
City-St-Zip: OPA-LOCKA, FL 33054

Title: T () Delete
Name: VERA, FLOWERS
Address: SHARAR AVE
City-St-Zip: OPA-LOCKA, FL 33054

Title: S () Delete
Name: WILLIAMS, DESHAWN
Address: 18821 NE 3RD CT APT. 621
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RUSSELL, CALVIN
Address: 1210 PERI STREET
City-St-Zip: OPA-LOCKA, FL 33054

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 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: CR

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date