

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005608

FILED  
Apr 25, 2007  
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:

490 ALI BABA AVE  
OPA-LOCKA, FL 33054

## 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 ( )

## Name and Address of Current Registered Agent:

TEEN UP-WARD BOUND, INC  
490 OPA-LOCKA BLVD, SUITE 10  
OPA-LOCKA, FL 33054 US

## Name and Address of New Registered Agent:

TEEN UP-WARD BOUND, INC  
1010 ALI BABA AVE  
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: TUB

04/25/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RUSSELL, CALVIN  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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

04/25/2007

Electronic Signature of Signing Officer or Director

Date