

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005975

FILED
Mar 27, 2008
Secretary of State

Entity Name: PERRINE OPTIMIST CLUB OF MIAMI INC.

Current Principal Place of Business:

WEST PERRINE PARK
10301 SW 172 STREET
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

PO BOX 972137
MIAMI, FL 33197

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, SHAWN C
8836 SW 72 STREET
M372
MIAMI, FL 33173 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: LEWIS, SHAWN C
Address: PO BOX 972135
City-St-Zip: MIAMI, FL 33197

Title: VP () Delete
Name: BRUTON, JOHN
Address: PO BOX 972137
City-St-Zip: MIAMI, FL 33197

Title: VP () Delete
Name: DAVIS, TIMOTHY
Address: PO BOX 972137
City-St-Zip: MIAMI, FL 33197

Title: TRES () Delete
Name: DAVIS, DESIREE
Address: PO BOX 972137
City-St-Zip: MIAMI, FL 33197

Title: SEC () Delete
Name: LAWRENCE, EVELYN
Address: PO BOX 972137
City-St-Zip: MIAMI, FL 33197

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:

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: DESIREE DAVIS

TRES

03/27/2008

Electronic Signature of Signing Officer or Director

Date