

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005975

FILED  
Mar 14, 2009  
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:**

LEWIS, SHAWN C  
10540 SW 170 ST  
MIAMI, FL 33157 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:

03/14/2009

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: SHAWN C LEWIS

PRES

03/14/2009

Electronic Signature of Signing Officer or Director

Date