


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**


04-21-2008 90059 015 \*\*\*\*70.00

<b>DOCUMENT # N07000000252</b>	
1. Entity Name <b>NORTHWEST DADE OPTIMIST CLUB INC.</b>	

Principal Place of Business <b>1320 N.W. 135TH STREET MIAMI, FL 33168</b>	Mailing Address <b>1320 N.W. 135TH STREET MIAMI, FL 33168</b>
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2. Principal Place of Business - No P.O. Box # <b>1320 N.W. 135th Street</b>	3. Mailing Address <b>1320 N.W. 135th Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami Florida</b>	City & State <b>Miami Florida</b>
Zip <b>33167</b>	Zip <b>33167</b>
Country <b>USA</b>	Country <b>USA</b>



04152008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent <b>PELT I, MICHAEL 1320 N.W. 135TH STREET MIAMI, FL 33168</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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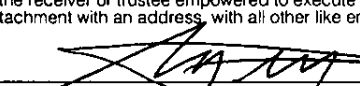
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PELT, MICHAEL I 1320 N.W. 135TH STREET MIAMI, FL 33168</b> <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	<b>C MILLER, TIMOTHY 1320 N.W. 135TH STREET MIAMI, FL 33168</b> <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	<b>C JACKSON, RYAN SR. 1320 N.W. 135TH STREET MIAMI, FL 33168</b> <input checked="" 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	<b>C GONZALEZ, TERESA 1320 N.W. 135TH STREET MIAMI, FL 33168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Theresa Gonzalez</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D JENNINGS, BERNARD 1320 N.W. 135TH STREET MIAMI, FL 33168</b> <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	<b>D BROWN, ROOSEVELT 1320 N.W. 135TH STREET MIAMI, FL 33168</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary Gladys Cornelius 1320 N.W. 135th Street Miami FL 33167</b> <input type="checkbox"/> Change <input checked="" 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:**  **4/15/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #