## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 22, 2006 8:00 am Secretary of State

DOCUMENT # N13294  1. Entity Name RICHMOND PERRINE OPTIMIST CLUB, INC. OF MIAMI, FL									02-22-2006	90010	011 ****7	0.00	
Principal Place of Business Mailing 9950 W. INDIGO ST C/O W MIAMI, FL 33157 US 9955			ailing Address /O WOOLTON ANDERSON 955 WEST INDIGO STREET IIAMI, FL 33157 US							India 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
2. Principal Place of Business 3. Ma 9955 W. INDIGO St.			3. Maili	Mailing Address									
			Suit	Suite, Apt. #, etc.			_	01122006	Chg-NP	CR2E	037 (11/05)		
City & State MIAMI FL			City	City & State				4. FEI Number         Applied For           59-2664308         Not Applicable					
Zip			Zip	Zip		ountry		5. Certificate of	of Status Desired	Ø	\$8.75 Add Fee Require		
6. Name and Address of Current Registered								7. Name and Address of New Registered Agent					
RONALD TOOKES						Name							
11534 SW 141 STREET   MIAMI, FL 33176						Street Ac	ddress (I	P.O. Box Numbe	r is Not Acceptable	9)			
						City Zip Code							
The above named entity submits this statement for the purpose of changing its registered office or a statement for the purpose of changing its registered office or a statement for the purpose of changing its registered office or a statement for the purpose of changing its registered office or a statement for the purpose of changing its registered office or a statement for the purpose of changing its registered of the purpose of the										FI			
	named entity tions of regist		or the purpo	ise of changing its	registere	d office or	register	ed agent, or both	n, in the State of Fi	orida. I an	n tamiliar with,	and accept	
SIGNATURE		or printed name of registered agent	and title if appli	cable. (NOTI	: Registered	Agent signatu	ne required	when reinstating)		DATE			
Filing Fee is \$61.25				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be	<i>i</i>		ck payable to		
	Due by M	lay 1, 2006				, ווע,		Added to Fees		<u> </u>	,	,,,, 3.	
10.	10	OFFICERS AND DI	RECTORS		11.	<del></del>	- /	ADDITIONS/CHA	NGES TO OFFICE	RS AND E	·		
TITLE	D BATTLE	GEORGE MD		☐ Delete	TITLE						Change	Addition (	
STREET ADDRESS	BATTLE, GEORGE MD 9000 SW 152 STREET				TADORESS	RESS							
CITY-ST-ZIP					ST-ZIP					l l			
TITLE	D					31-11							
NAME	_			☐ Delete	TITLE	31-58					☐ Change	☐ Addition	
STREET ADDRESS	I HOLLIS, L	OONALD		☐ Delete	TITLE						☐ Change	☐ Addition	
1		DONALD UIS STREET		☐ Delete	NAME						☐ Change	☐ Addition	
CITY-ST-ZIP		UIS STREET	,	☐ Delete	NAME STREE						☐ Change	☐ Addition	
CITY-ST-ZIP TITLE	14820 LO	UIS STREET		☐ Delete	NAME STREE	T ADDRESS ST-ZIP	·				☐ Change	Addition	
TITLE NAME	14820 LO MIAMI, FL SD TOOKES,	UIS STREET - RONALD	,		NAME STREE CITY- TITLE NAME	T ADDRESS ST-ZIP				·•			
TITLE NAME STREET ADDRESS	14820 LO MIAMI, FL SD TOOKES, 12750 S.V	UIS STREET  RONALD  V. 149 STREET			NAME STREE CITY- TITLE NAME STREE	T ADDRESS ST-ZIP				•			
IITLE NAME STREET ADDRESS CITY-ST-ZIP	14820 LO MIAMI, FL SD TOOKES, 12750 S.V MIAMI, FL	UIS STREET  RONALD  V. 149 STREET		☐ Delete	NAME STREE CITY- TITLE NAME STREE CITY-	T ADDRESS ST-ZIP T ADDRESS ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14820 LO MIAMI, FL SD TOOKES, 12750 S.V MIAMI, FL	UIS STREET  RONALD  N. 149 STREET  33189			NAME STREE CITY- TITLE NAME STREE CITY-	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	VICE	PRESIDENT	, DIRECTOR				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	14820 LO MIAM!, FL SD TOOKES, 12750 S.V MIAM!, FL PD LESTER,	UIS STREET  RONALD  N. 149 STREET  33189  DAISY GARDNER		☐ Delete	NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	VICE	President	, DIRECTOR	•	☐ Change	Addition	
ITITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	14820 LO MIAMI, FL SD TOOKES, 12750 S.V MIAMI, FL PD LESTER, 15344 SW	UIS STREET  RONALD  N. 149 STREET  33189  DAISY GARDNER V 102 COURT		☐ Delete	NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	VICE	PRESIDENT	, Director		☐ Change	Addition	
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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 andress, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

COLEMAN, LINETTE

14954 SW 168 TERR

MIAMI, FL 33187

JAL BUNNE CHARLES BETHEN
USE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3906

305.233-9325

Dayisne Phone #