

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13294

FILED
Jan 10, 2011
Secretary of State

Entity Name: RICHMOND PERRINE OPTIMIST CLUB, INC. OF MIAMI, FL

Current Principal Place of Business:

18055 HOMESTEAD AVENUE
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

C/O WOOLTON ANDERSON
18055 HOMESTEAD AVENUE
MIAMI, FL 33157 US

New Mailing Address:

18055 HOMESTEAD AVENUE
MIAMI, FL 33157 US

FEI Number: 59-2664308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RONALD TOOKES
4647 ADRIENNE STREET
SEBRING, FL 33872 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: 2VPD
Name: BATTLE, GEORGE MD
Address: 3 GROVE ISLE DR. #1209
City-St-Zip: COCONUT GROVE, FL 33133

Title: 1VPD
Name: STRINGER, LERONARDO
Address: 19950 S.W. 134 COURT
City-St-Zip: MIAMI, FL 33176

Title: SD
Name: TOOKES, RONALD
Address: 4647 ADRIENNE STREET
City-St-Zip: SEBRING, FL 33872

Title: D
Name: GARDNER-LESTER, DAISY
Address: 11150 S.W. 196 SREET #D302
City-St-Zip: MIAMI, FL 33157

Title: PD
Name: BETHEL, CHARLES
Address: 10954 SW 152 TERR
City-St-Zip: MIAMI, FL 33157

Title: TD
Name: WILLIAMS, JAMES
Address: 10029 S.W. 223 LANE
City-St-Zip: MIAMI, FL 33190

I hereby 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 all other like empowered.

SIGNATURE: RONALD E. TOOKES

SD

01/10/2011

Electronic Signature of Signing Officer or Director

_____ Date