

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

04 NOV 29 PM 12: 26

REINSTATEMENT
SECRETARY OF STATE
TREASURER OF FLORIDA



09152004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0123370 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # N22273

1. Entity Name
MIAMI NORTHSIDE OPTIMIST CLUB, INC.



Principal Place of Business
2326 NW 84 ST.
MIAMI, FL 33147 US

Mailing Address
PO BOX 470175
MIAMI, FL 33147 US

2. Principal Place of Business
2326 NW 84 ST
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 470175
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL 33147

Zip
33147

Country
US

Zip
33147

Country
US

6. Name and Address of Current Registered Agent
NELSON, ARTHUR SR
2186 NW 47TH ST
MIAMI, FL 33142

7. Name and Address of New Registered Agent
Name Terry Harden, Sr.
Street Address (P.O. Box Number is Not Acceptable)
1367 N.W. 58 ST
City Miami FL Zip Code 33142

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 *Terry Harden* 9/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLE, ANGELA		NAME		
STREET ADDRESS	190 NE 213TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33132		CITY-ST-ZIP	700041572057 10/04/04--01045--009 **61.75	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, ARTHUR SR		NAME		
STREET ADDRESS	2186 NW 47TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33142		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDEN, TERRY		NAME	Ahmad Powell	
STREET ADDRESS	1250 NW 95 ST 203		STREET ADDRESS	2140 NW 91 ST	
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP	MIAMI, FL 33147	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Angela Rolle* 9/24/04 786-367-2318
Signature and typed or printed name of signing officer or director Date Daytime Phone #