

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 JUL 18 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26160

1. Corporation Name

SCOTT LAKE OPTIMIST Athletic Club, INC.

Principal Place of Business: 17710 NW 15th CT. Miami, Fl 33169
Mailing Address: 3251 NW 171 Street Miami, Fl. 33056

3. Date Incorporated or Qualified: 4-28-88
3a. Date of Last Report: 8-11 1995

2. Principal Place of Business: 21 17710 NW 15th Ct. Suite, Apt. #, etc.
2a. Mailing Address: 26 3251 NW 171 Street Suite, Apt. #, etc.

4. FEI Number: 65-0122677
Applied For: Not Applicable

22 City & State: 23 Miami, Florida
27 City & State: 28 Miami, Florida

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

23 City & State: Miami, Florida
28 City & State: Miami, Florida

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24 Zip: 33169 25 Country: DADE
29 Zip: 33056 30 Country: DADE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Joseph Lee Mack
3320 NW 151 Street
Miami, Fl. 33054

81 Name: Stephen A. Butterfield
82 Street Address (P.O. Box Number is Not Acceptable): 3251 NW 171 Street
83
84 City: Miami, FL 85 Zip Code: 33056

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Stephen A. Butterfield
Signature, typed or printed name of registered agent and file if applicable: Stephen A. Butterfield
NOTE: Registered Agent signature required when registering.
DATE: 5/1/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE: President	<input checked="" type="checkbox"/> DELETE
NAME: Joseph Lee Mack	
STREET ADDRESS: 3320 NW 151 Street	
CITY-ST-ZIP: Miami, Fl. 33054	
TITLE: Vice-President	<input checked="" type="checkbox"/> DELETE
NAME: Rodney Sanders	
STREET ADDRESS: 21132 NW 29th Ct.	
CITY-ST-ZIP: Miami, Fl. 33056	
TITLE: Vice-President (D)	<input type="checkbox"/> DELETE
NAME: Janice Coakley	
STREET ADDRESS: 19687 NW 33rd Ave	
CITY-ST-ZIP: Miami, Fl. 33056	
TITLE: Treasurer	<input checked="" type="checkbox"/> DELETE
NAME: Flora M. Johnson	
STREET ADDRESS: 1910 NW 163rd Street Rd.	
CITY-ST-ZIP: Opa Locka, Fl 33054	
TITLE: Secretary	<input checked="" type="checkbox"/> DELETE
NAME: Jenay Todd	
STREET ADDRESS: 8430 Sherman Circle N. f103	
CITY-ST-ZIP: Miramar, Fl 33025	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

1.1 TITLE: President (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: Stephen A. Butterfield	
1.3 STREET ADDRESS: 3251 NW 171 Street	
1.4 CITY-ST-ZIP: Miami, Fl. 33056	
2.1 TITLE: Vice-President (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: PERMAN Terry	
2.3 STREET ADDRESS: 2511 NW 136th Street	
2.4 CITY-ST-ZIP: Miami, Fl. 33054	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE: Treasurer (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: GWENDOLYN Robinson	
4.3 STREET ADDRESS: 2860 NW 135th Street	
4.4 CITY-ST-ZIP: Opa Locka, Fl. 33055	
5.1 TITLE: Secretary (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: Cheryl Haynes	
5.3 STREET ADDRESS: 299 NE 111 Street	
5.4 CITY-ST-ZIP: Miami, Fl 33161	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen A. Butterfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Stephen A. Butterfield
Date: 305-626-3040
Daytime Phone #

CR25 JUN 11 1996