

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90077 034 ****61.25

DOCUMENT # N36387

1. Entity Name

CLUB OPTIMISTE CAN-AM DE HOLLYWOOD, FLORIDE INC.



Principal Place of Business

P O BOX 223334
HOLLYWOOD FL 33022-0334

Mailing Address

P O BOX 223334
HOLLYWOOD FL 33022-0334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LABOSSIÈRE, MARC
1222 NE 4TH AVE
FORT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE **S** ☐ Delete
NAME **MEUNIER, GINETTE**
STREET ADDRESS **1727 LEE ST #22**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **P** ☒ Delete
NAME **COSSETTE, RENE**
STREET ADDRESS **6270 HARDING STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **D** ☐ Delete
NAME **MORIN, ANDRE**
STREET ADDRESS **1021 N.E. 13TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **D** ☐ Delete
NAME **PIERRE, BERNARD**
STREET ADDRESS **800 NE 2 COURT**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **T** ☐ Delete
NAME **BERNARD, THERESRE**
STREET ADDRESS **800 NE 2 COURT**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **RICHARD CLAVET**
STREET ADDRESS **1219 S. Federal Highway**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE **S** ☒ Change ☐ Addition
NAME **GINETTE MEUNIER**
STREET ADDRESS **5431 SW 32 TR**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **D** ☒ Change ☐ Addition
NAME **ANDRE MORIN**
STREET ADDRESS **362 SW 1st AVENUE**
CITY-ST-ZIP **DANIA, FL 33004**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]

GINETTE MEUNIER SECRETARY

4/2/05

205/761-0378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clerk

Daytime Phone #