

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90036 018 ****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 - No P.O. Box #		3. Mailing Address																																																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																											
City & State		City & State																																																																																																																																																											
Zip	Country	Zip	Country																																																																																																																																																										
4. FEI Number NOT APPLICABLE			Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																										
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																																																																																																																																																										
6. Name and Address of Current Registered Agent LABOISSIERE, 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																									
Make check payable to Florida Department of State																																																																																																																																																													
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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 address, with all other like empowered.																																																																																																																																																													
SIGNATURE: <u>Theresre F Bernard</u> 3/30/08 305 824 4761 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																													