FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90214 055 ****61.25
04-27-1999 90214 056 *****8.75

0039064

DOCUMENT # **N40377**

1. Corporation Name
NEW RIVER OPTIMIST CLUB OF FORT LAUDERDALE, INC.

Principal Place of Business	Mailing Address
14621 SW 24TH STREET DAVIE FL 33325	14621 SW 24TH STREET DAVIE FL 33325

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/17/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0021983 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COBB, CAROL
14621 SW 24TH STREET
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Director	☐ Change ☑ Addition
NAME	COBB, CAROL		1.2 NAME	Becky Cobb	
STREET ADDRESS	14621 SW 24TH STREET		1.3 STREET ADDRESS	P.O. Box 16772	
CITY-ST-ZIP	DAVIE FL 33325		1.4 CITY-ST-ZIP	Plantation, FL. 33318	
TITLE	VPTR	☐ DELETE	2.1 TITLE	Director	☐ Change ☑ Addition
NAME	GORDON, LES		2.2 NAME	Andy Aguilar	
STREET ADDRESS	8070 NW 40TH STREET		2.3 STREET ADDRESS	110 5th Ave.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2.4 CITY-ST-ZIP	Chula Vista, CA. 91910	
TITLE	STR	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AGUILAR, JAMIE		3.2 NAME		
STREET ADDRESS	14621 SW 24TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33325		3.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COBB, MIKE		4.2 NAME		
STREET ADDRESS	14621 SW 24TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33325		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with a title or other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-20-99 954 473-9679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #