

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

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N40377	
1. Entity Name NEW RIVER OPTIMIST CLUB OF FORT LAUDERDALE, INC.	

Principal Place of Business 14621 SW 24TH STREET DAVIE FL 33325	Mailing Address 14621 SW 24TH STREET DAVIE FL 33325
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0021983	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COBB, CAROL 14621 SW 24TH STREET DAVIE FL 33325	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME COBB, CAROL STREET ADDRESS 14621 SW 24TH STREET CITY - ST - ZIP DAVIE FL 33325	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE VPTR NAME GORDON, LES STREET ADDRESS 8070 NW 40TH STREET CITY - ST - ZIP CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE S NAME AGUILAR, JAMIE STREET ADDRESS PO BOX 16772 CITY - ST - ZIP PLANTATION FL 33318	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE TR NAME COBB, MIKE STREET ADDRESS 14621 SW 24TH STREET CITY - ST - ZIP DAVIE FL 33325	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE D NAME GENEREUY, BECKY STREET ADDRESS 1155 SW 120TH WAY CITY - ST - ZIP DAVIE FL 33325	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE D NAME AGUILAR, ANDY STREET ADDRESS 2097 CHARDON LN. CITY - ST - ZIP EL CAJON CA 92019	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: Carol Cobb Carol Cobb 1-25-05 954 473-9679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #