

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90214 001 *****8.75
02-24-2006 90214 002 *****61.25

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**

66002550



01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
COBB, CAROL
14621 SW 24TH STREET
DAVIE, FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTR
GORDON, LES
8070 NW 40TH STREET
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
AGUILAR, JAMIE
PO BOX 16772
PLANTATION, FL 33318**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
COBB, MIKE
14621 SW 24TH STREET
DAVIE, FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GENEREUY, BECKY
1155 SW 120TH WAY
DAVIE, FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AGUILAR, ANDY
2097 CHARDON LN.
EL CAJON, CA 92019**

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IN THIS SPACE**

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:

Carol Cobb **CAROL Cobb**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-06 954 473-9679

Date

Daytime Phone #