

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**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**



03122008 No Chg-NP

CR2E037 (4/06)

**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, 2008**

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

U00000862546  
04/03/08-80054-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

U00000862546  
04/03/08-80054-015 8.75

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 3-13-08 954 473-9679