2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N40377

Entity Name: NEW RIVER OPTIMIST CLUB OF FORT LAUDERDALE, INC.

Current Principal Place of Business:

14621 SW 24TH STREET
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

14621 SW 24TH STREET
DAVIE, FL 33325

New Mailing Address:

FEI Number: 65-0021983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COBB, CAROL
14621 SW 24TH STREET
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	COBB, CAROL	
Address:	14621 SW 24TH STREET	
City-St-Zip:	DAVIE, FL 33325	
Title:	VPTR	( ) Delete
Name:	GORDON, LES	
Address:	8070 NW 40TH STREET	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	S	( ) Delete
Name:	AGUILAR, JAMIE	
Address:	PO BOX 16772	
City-St-Zip:	PLANTATION, FL 33318	
Title:	TR	( ) Delete
Name:	COBB, MIKE	
Address:	14621 SW 24TH STREET	
City-St-Zip:	DAVIE, FL 33325	
Title:	D	( ) Delete
Name:	GENEREUY, BECKY	
Address:	1155 SW 120TH WAY	
City-St-Zip:	DAVIE, FL 33325	
Title:	D	( ) Delete
Name:	AGUILAR, ANDY	
Address:	2097 CHARDON LN.	
City-St-Zip:	EL CAJON, CA 92019	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL COBB PD 04/13/2009

Electronic Signature of Signing Officer or Director — Date