

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996-9-96

DOCUMENT # N43644

(6)

3303

1. Corporation Name

HOLLYWOOD OPTIMIST FOOTBALL LEAGUE CHEERLEADING,
CORP.

Principal Place of Business

Mailing Address

ATTN: SHIRLEY CLARK
19801 NW 7TH AVENUE
MIAMI FL 33169

ATTN: SHIRLEY CLARK
19801 NW 7TH AVENUE
MIAMI FL 33169



3. Date Incorporated or Qualified
05/28/1991

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 790 SW 54th Avenue

26 A Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 M

27

City & State

City & State

23 MARGATE

28

Zip

Country

Zip

Country

24 33068

25 Broward

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, SHIRLEY B
19801 NW 7TH AVE
MIAMI FL 33169

81 Name

REGINA BUCCI

82 Street Address (P.O. Box Number is Not Acceptable)

790 SW 54th Avenue

83

84

City MARGATE

FL

85

Zip Code 33068

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

Regina Bucci

2-26-96

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BUCCI, REGINA
STREET ADDRESS 790 SW 54TH AVENUE
CITY-ST-ZIP MARGATE FL 33068

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME TAGMEYER, DAWN
STREET ADDRESS 241 SW 65TH TERR
CITY-ST-ZIP PEMBROKE PINES FL

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME COAKLEY, JANICE
STREET ADDRESS 19681 NW 33RD AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE S
NAME DOBLINGER, BRENDA
STREET ADDRESS 11316 SW 58TH ST
CITY-ST-ZIP COOPER CITY FL

☒ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

CAROLYN PARKER-WARR
901 S.W. 14th Street
DELRAY BEACH, FL 33444

☒ Change

☐ Addition

TITLE D
NAME CLARK, SHIRLEY
STREET ADDRESS 19801 NW 7TH AVE
CITY-ST-ZIP MIAMI FL 33169

☒ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Kathy M. Sturup
1765 NW 179 Street
Miami FL 33056

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Regina Bucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96

Date

305-473-7265

Daytime Phone #

CR2E037 (12/95)