

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000000407 (7)

1. Corporation Name

THE OPTIMIST CLUB OF BOYNTON BEACH, INC.



Principal Place of Business

Mailing Address

336  
336 N CONGRESS AVE.  
BOYNTON BEACH FL 33426  
US336 NORTH CONGRESS AVENUE  
BOYNTON BEACH FL 33426-3413  
US

2. Principal Place of Business

2a. Mailing Address

21 336 N. Congress Ave  
Suite, Apt. #, etc.26 Same  
Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Boynton Beach, FL

28 City &amp; State

24 Zip

25 Country

29 Zip

30 Country

33426

US

33426

US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/29/1993

3a. Date of Last Report

03/27/1996

4. FEI Number

65-0406013

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

MARION MIRANDI

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

318 B1 Knotty Pine Circle

83

84 City

Greenacres

FL

85 Zip Code

33463

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 Marion Mirandi

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DELAND, NANCY M	
STREET ADDRESS	2840 WAYNE RD.	
CITY-ST-ZIP	WEST PALM BCH. FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRAKER, ROY	
STREET ADDRESS	1301 N CONGRESS AVE SUITE 220	
CITY-ST-ZIP	BOYNTON BEACH FL	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	DIROMA, DR. MARK	
STREET ADDRESS	1899-9 N. CONGRESS AVE	
CITY-ST-ZIP	BOYNTON BCH. FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MIRANDI, MARION	
STREET ADDRESS	318-B-1 KNOTTY PINE CIRCLE	
CITY-ST-ZIP	GREENACRES CITY FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DELAND, JAMES	
STREET ADDRESS	2840 WAYNE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, ADRIANA	
STREET ADDRESS	915 S.W. 27TH PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D. ROMA, DR. MARK	
1.3 STREET ADDRESS	1899-9 N. Congress Ave	
1.4 CITY-ST-ZIP	Boynton Beach, FL	

2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mote, David	
2.3 STREET ADDRESS	1899-9 N. Congress Ave	
2.4 CITY-ST-ZIP	Boynton Beach, FL	

3.1 TITLE	V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Chris Cummins	
3.3 STREET ADDRESS	2408 NW 14th Ave.	
3.4 CITY-ST-ZIP	Boynton Beach, FL	

4.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Marion mirandi	
4.3 STREET ADDRESS	318 B1 Knotty Pine Circle	
4.4 CITY-ST-ZIP	Greenacres, FL	

5.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dorothea Diroma	
5.3 STREET ADDRESS	1899-9 N. Congress Ave	
5.4 CITY-ST-ZIP	Boynton Beach, FL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-97

(561) 731-3360

Date

Daytime Phone # 0041725

CR2E037 (9/96)