

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000603 (0)**

1. Corporation Name

NEW BIRTH OPTIMIST CLUB OF NORTH MIAMI, INC.



Principal Place of Business 13230 NW 7TH AVE. NORTH MIAMI FL 33168	Mailing Address 13230 NW 7TH AVE. NORTH MIAMI FL 33168-2804
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2. Principal Place of Business 21 <i>SAME AS ABOVE</i>		2a. Mailing Address 26 <i>SAME AS ABOVE</i>		3. Date Incorporated or Qualified 01/28/1994	3a. Date of Last Report 03/26/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0618358	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SAMUEL, GREG 13230 NW 7TH AVE. NORTH MIAMI FL 33168		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 <i>SAME AS 9</i> 84 City FL 85 Zip Code	
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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 *GREG SAMUEL* *GREG SAMUEL* **6/17/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAMUEL, GREG		1.2 NAME	
STREET ADDRESS 3213 ONYX ROAD/920 N.W. 9TH AVE(HALLANDALE		1.3 STREET ADDRESS	
CITY-ST-ZIP MIRAMAR FL 33025		1.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KNOX-SHULER, PAMELA		2.2 NAME	
STREET ADDRESS 1510 N.W. 42ND ST./51 SW 1 AVE.MIAM,FL		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33142		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORD, WILLIE		3.2 NAME	
STREET ADDRESS 3411 N.W. 202 ST./1401 S.W. 1ST ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33168		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Mrs. G. Samuel* *GREG SAMUEL* *Willie Ford*

CR2E037 (9/96)