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Apr 14, 1999 8:00 am
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04-14-1999 90034 005 ****61.25

0033696

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000603

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



2. Principal Place of Business

21 New Birth Baptist Church

2a. Mailing Address

26 New Birth Baptist Church

3. Date Incorporated or Qualified

01/28/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0618358

Applied For

Not Applicable

22 North Miami, Florida

27 North Miami, Florida

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 33168

28 33168

Country

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAMUEL, GREG
13230 NW 7TH AVE.
NORTH MIAMI FL 33168

81 Name

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

83

84 City

FL

85 Zip Code

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

Greg Samuel
(NOTE: Registered Agent signature required when reinstating)

4/9/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SAMUEL, GREG
STREET ADDRESS 8389 S W 23RD CT
CITY-ST-ZIP MIRAMAR FL 33025

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE STD
NAME KNOX-SHULER, PAMELA
STREET ADDRESS 1510 N.W. 42ND ST./51 SW 1 AVE. MIAMI, FL
CITY-ST-ZIP MIAMI FL 33142

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD
NAME FORD, WILLIE
STREET ADDRESS 3411 N.W. 202 ST./1401 S.W. 1ST ST.
CITY-ST-ZIP MIAMI FL 33168

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ 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 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, with all other like empowered.

SIGNATURE: Greg Samuel 4/9/99 (954) 704-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)