

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001072 (7)

1. Corporation Name

SOUTHWEST BROWARD OPTIMIST CLUB, INC.



Principal Place of Business

16310 MALIBU DRIVE
FT LAUDERDALE FL 33326
US

Mailing Address

16310 MALIBU DRIVE
FT LAUDERDALE FL 33326
US

3. Date Incorporated or Qualified
02/28/1994

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BUSH, JAMES N
11236 STATE RD 84
DAVIE FL 33325

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **TORTORA, VAL**
STREET ADDRESS **11439 TARA DRIVE**
CITY-ST-ZIP **PLANTATION FL**

TITLE **STD** ☐ DELETE
NAME **BERNARD, TONI**
STREET ADDRESS **16310 MALIBU DRIVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VPD** ☐ DELETE
NAME **ROBERTS, BETH**
STREET ADDRESS **9430 LIVE OAK PLACE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VPD** ☒ DELETE
NAME **HALL, JOHN**
STREET ADDRESS **1517 SW 98TH LANE**
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **JOHN HALL**
1.3 STREET ADDRESS **1517 S.W. 98th Lane**
1.4 CITY-ST-ZIP **DAVIE FL 33324**

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

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

4.1 TITLE **VPD** ☒ Change ☐ Addition
4.2 NAME **HALL, GRACE**
4.3 STREET ADDRESS **1517 S.W. 98th Lane**
4.4 CITY-ST-ZIP **DAVIE, FL 33324**

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

6.1 TITLE ☐ Change ☐ 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 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:

Soni Bernard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-96 954-742-3550

Date

Daytime Phone #

CR2E037 (12/95)