

FILE NOW: FILING FEE IS \$61.25

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Mar 06 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 # **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 33326-3402 US
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/28/1994		3a. Date of Last Report 03/04/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0450337		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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 ELIZABETH ROBERTS			
				82 Street Address (P.O. Box Number is Not Acceptable) 9430 LIVE OAK PLACE #103			
				83			
				84 City FT. LAUDERDALE FL 85 Zip Code 33324			

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 *Elizabeth Roberts* **ELIZABETH ROBERTS, SECRETARY/TREASURER** **2/3/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALL, JOHN		1.2 NAME	
STREET ADDRESS 1517 SW 98TH LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP DAVIE FL		1.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERNARD, TONI		2.2 NAME	
STREET ADDRESS 16310 MALIBU DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	3.1 TITLE S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBERTS, BETH		3.2 NAME	
STREET ADDRESS 9430 LIVE OAK PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL		3.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALL, GRACE		4.2 NAME	
STREET ADDRESS 1517 SW 98TH LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP DAVIE FL		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: *Elizabeth Roberts* **ELIZABETH A. ROBERTS** **2/3/97** (951) **717-1113**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037400

CR2E037 (9/96)