


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90069 048 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000001072</b>					
1. Corporation Name <b>SOUTHWEST BROWARD OPTIMIST CLUB, INC.</b>					
Principal Place of Business <b>9430 LIVE OAK PL          APT #103          FT LAUDERDALE FL 33324          US</b>			Mailing Address <b>9430 LIVE OAK PL          APT #103          FT LAUDERDALE FL 33324          US</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/28/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0450337	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ROBERTS, ELIZABETH          9430 LIVE OAK PLACE STE 103          FORT LAUDERDALE FL 33324</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HALL, JOHN			1.2 NAME	SHARON KENT		
STREET ADDRESS	1517 SW 98TH LANE			1.3 STREET ADDRESS	2231 S.W. 92 TERR.		
CITY-ST-ZIP	DAVIE FL			1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33324		
TITLE	P	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PELAEZ, JUDITH			2.2 NAME	BETH ROBERTS		
STREET ADDRESS	2214 N 39 AVENUE			2.3 STREET ADDRESS	9430 LIVE OAK PL #103		
CITY-ST-ZIP	HOLLYWOOD FL 33021			2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33324		
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBERTS, BETH			3.2 NAME	BRUCE BERNARD		
STREET ADDRESS	9430 LIVE OAK PLACE			3.3 STREET ADDRESS	16310 MALIBU DR.		
CITY-ST-ZIP	FT LAUDERDALE FL			3.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33326		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HALL, GRACE			4.2 NAME	CASEY LEE		
STREET ADDRESS	1517 SW 98TH LANE			4.3 STREET ADDRESS	12626 S.W. 9 PL		
CITY-ST-ZIP	DAVIE FL			4.4 CITY-ST-ZIP	DAVIE FL 33325		
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 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:

**SIGNATURE REQUIRED**

4/30/99 (934) 797-1034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)