

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 # N94000003786 (0)

1. Corporation Name

OVERTOWN COMMUNITY OPTIMIST CLUB, INC.

Principal Place of Business

1450 NW 89TH ST
MIAMI FL 33147

Mailing Address

1450 NW 89TH ST
MIAMI FL 33147



3. Date Incorporated or Qualified

08/01/1994

3a. Date of Last Report

12/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, ALPHONSO
1450 NW 89TH ST
MIAMI FL 33147

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DP	BROWN, ALPHONSO	1450 NW 89TH ST	MIAMI FL 33147	<input type="checkbox"/>
DV	NORIEGA, HAMMOND	9735 SW 166 TERR	MIAMI FL 33157	<input type="checkbox"/>
DT	BONDSN, KANDICE	1155 NW 63 ST. #2	MIAMI FL 33167	<input checked="" type="checkbox"/>
D	SLATER, LILLIAN	1640 NW 4TH AVE APT 10C	MIAMI FL 33136	<input type="checkbox"/>
D	SANCHEZ, CRISTINA	1943 NW 32 ST.	MIAMI FL 33142	<input type="checkbox"/>
D	SMITH, DANA	1340 NW 95 ST. #127	MIAMI FL 33147	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	BROWN ALPHONSO	1450 NW 89TH ST	MIAMI FL 33147	<input checked="" type="checkbox"/>
DP	NORIEGA, HAMMOND	9735 SW 166 TERR	MIAMI FL 33157	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Hammond Noriega HAMMOND NORIEGA

4/15/96

579 3324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)