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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

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	Mailing Address
1450 NW 89TH ST MIAMI FL 33147	P.O. BOX 016063 MIAMI FL 33101-6063 US

3. Date Incorporated or Qualified: 08/01/1994
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business — 21 | Street, Apt #, etc — 22 | City & State — 23 | Zip — 24 | Country — 25

2a. Mailing Address — 26 | Street, Apt #, etc — 27 | City & State — 28 | Zip — 29 | Country — 30

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

BROWN, ALPHONSO
1450 NW 89TH ST
MIAMI FL 33147

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, ALPHONSO		1.2 NAME		
STREET ADDRESS	1450 NW 89TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NORIEGA, HAMMOND		2.2 NAME		
STREET ADDRESS	9735 SW 166 TERR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SLATER, LILLIAN		3.2 NAME		
STREET ADDRESS	1640 NW 4TH AVE APT 10C		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33136		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SANCHEZ, CRISTINA		4.2 NAME	SANCHEZ, CRISTINA	☒ Change ☐ Addition
STREET ADDRESS	~~1943 NW 32 ST.~~		4.3 STREET ADDRESS	810 NW 146 St.	
CITY-ST-ZIP	~~MIAMI FL 33142~~		4.4 CITY-ST-ZIP	N. MIAMI, FL 33168	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DANA		5.2 NAME		
STREET ADDRESS	1340 NW 95 ST.,#127		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Cristina Sanchez 2-21-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0028085