


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0007234

DOCUMENT # N94000003786		
1. Entity Name OVERTOWN COMMUNITY OPTIMIST CLUB, INC.		


Principal Place of Business 401 N.W. 12TH STREET MIAMI FL 33136	Mailing Address P.O. BOX 016063 MIAMI FL 33101 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

04 JAN -9 PM 12:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT 2003

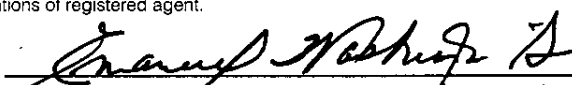
4. FEI Number **NOT APPLICABLE**

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

6. Name and Address of Current Registered Agent GUMREN, ANNIE R 5721 NW 21ST AVENUE MIAMI FL 33142	
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7. Name and Address of New Registered Agent Name EMANUEL WASHINGTON SR Street Address (P.O. Box Number is Not Acceptable) 16464 S.W. 32 STREET MIRAMAR FL City MIRAMAR Zip Code FL 33027	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1/7/04**

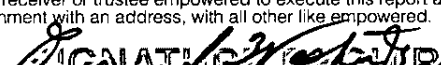
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ALPHONSO 1450 NW 89TH ST MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WASHINGTON, EMANUEL 18015 NW 5TH COURT MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER, NORMA 1984 NW 4TH COURT MIAMI FL 33136 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLETCHER, YOUNG 125 N.W. 69TH STREET MIAMI FL 33150 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLATEN, LILLIAN 1640 NW 4TH AVENUE APT 10C MIAMI FL 33136 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANKS, BEN 522 NW 19TH STREET MIAMI FL 33136 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600027918166 01/30/04--01027--009 **245.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **1/7/04** **761-7443**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **EMANUEL WASHINGTON SR (P)** **7443**

CR2E037 (4/03)