

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003786

FILED
May 02, 2005
Secretary of State

Entity Name: OVERTOWN COMMUNITY OPTIMIST CLUB, INC.

Current Principal Place of Business:

401 N.W. 12TH STREET
MIAMI, FL 33136

New Principal Place of Business:

1490 N.W. 3RD AVENUE
OVERTOWN NET OFFICE
MIAMI, FL 33136

Current Mailing Address:

P.O. BOX 016063
MIAMI, FL 33101 US

New Mailing Address:

FEI Number: 31-1613923 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WASHINGTON, EMANUEL SR.
16464 S.W. 32 STREET
MIRAMAR, FL 33027 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, ALPHONSO
Address: 1450 NW 89TH ST
City-St-Zip: MIAMI, FL

Title: P () Delete
Name: WASHINGTON, EMANUEL
Address: 18015 NW 5TH COURT
City-St-Zip: MIAMI, FL

Title: V () Delete
Name: WALKER, NORMA
Address: 1984 NW 4TH COURT
City-St-Zip: MIAMI, FL 33136

Title: V () Delete
Name: FLETCHER, YOUNG
Address: 125 N.W. 69TH STREET
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: SLATEN, LILLIAN
Address: 1640 NW 4TH AVENUE APT 10C
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: HANKS, BEN
Address: 522 NW 19TH STREET
City-St-Zip: MIAMI, FL 33136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: WASHINGTON, EMANUEL
Address: 16464 S.W. 32ND STREET
City-St-Zip: MIRAMAR, FL 33027

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMANUEL WASHINGTON SR.

P

05/02/2005

Electronic Signature of Signing Officer or Director

Date