

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003786

FILED
Apr 06, 2009
Secretary of State

Entity Name: OVERTOWN COMMUNITY OPTIMIST CLUB, INC.

Current Principal Place of Business:

401 N.W. 12 STREET
GIBSON PARK
MIAMI, FL 33136 US

New Principal Place of Business:

Current Mailing Address:

16464 S.W. 32 STREET
MIRAMAR, FL 33027 US

New Mailing Address:

FEI Number: 31-1613923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: P () Delete
Name: WILLIAMS, WILLIE PRES
Address: 401 N.W. 12 STREET
City-St-Zip: MIAMI, FL 33136 US

Title: D () Delete
Name: WASHINGTON, EMANUEL DIRECTO
Address: 16464 S.W. 32ND STREET
City-St-Zip: MIRAMAR, FL 33027 US

Title: VP () Delete
Name: CRUMP, RICHARD VICE PR
Address: 155 N.W. 10 STREET APT.. # 2
City-St-Zip: MIAMI, FL 33136 US

Title: D () Delete
Name: RUDOLPH, DERRICK D
Address: 222 N.W. 22 STREET
City-St-Zip: MIAMI, FL 33127 US

Title: D () Delete
Name: ROLLE, LAKESHA DIRECTO
Address: 469 N.W. 19 STREET
City-St-Zip: MIAMI, FL 33136 US

Title: D () Delete
Name: HANKS, BENJAMIN DIRECTO
Address: 320 N.W. 20 STREET
City-St-Zip: MIAMI, FL 33127 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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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 exemption stated in Chapter 119, 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

D

04/06/2009

Electronic Signature of Signing Officer or Director

Date