

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90413 015 ****61.25

DOCUMENT # N94000005015

1. Entity Name

STILTSVILLE OPTIMIST CLUB OF MIAMI, INC.



Principal Place of Business

7311 NW 1ST CT
PEMBROKE PINES FL 33024

Mailing Address

7311 NW 1ST CT
PEMBROKE PINES FL 33024

240314001



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0548095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, DAVID
7311 NW 1ST CT
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name **TERRY CONNER**

Street Address (P.O. Box Number is Not Acceptable)

976 NW NORTH RIVER DRIVE

City **MIAMI**

FL

Zip Code **33136**

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

Terry Conner Treasurer Terry Conner 3-25-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FLORES, TOM**
STREET ADDRESS **12320 SW 100TH AVE.**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **STD** ☒ Delete
NAME **DUNCAN, DAVID**
STREET ADDRESS **7311 NW 1ST CT**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **P** ☒ Delete
NAME **BOWERS, JAMES**
STREET ADDRESS **11375 SW 102ND AVE.**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Delete
NAME **IDE, PETER**
STREET ADDRESS **905 SW COCONUT DR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **TERRY CONNER**
STREET ADDRESS **976 NW NORTH RIVER DRIVE**
CITY-ST-ZIP **MIAMI, FL. 33136**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **PAT ROACH**
STREET ADDRESS **1275 SW 15TH TER.**
CITY-ST-ZIP **MIAMI, FL. 33145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

D. Duncan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-04 305-826-2240

Date

Daytime Phone #