## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N95000001462



**FILED** May 18, 2007 8:00 am Secretary of State

THE OPT	IMIST FOUNDATION OF	GREATER GOULDS,				05-18-2007	90027 01	/ *****/0.0	)O
•	e of Business 223RD STREET 33170	Mailing Address 11025 S.W. 223RD ST GOULDS, FL 33170	REET		inninin In r	 	#### #### #####	II ENI BIBIT BIND II	<b>                                    </b>
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05112007	Chg-NP	CR2E	2E037 (12/06)	
City & Stat	е	City & State			4. FEI Numbe 65-058	1217			pplied For lot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	; <u></u>	\$8.75 Ad Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New	Registered	Agent	
DEMPS, J 11025 S.W GOULDS,	V. 223RD STREET		Nam		P.O. Box Numbe	er is Not Accepta	ble)		
			City				FI	Zip Coo	de
SIGNATURE	Signature, typed or priviled name of registered agei	at red while it englished. (NOT							
	Filing Fee is \$61.25 ue by September 14, 2007	9. Election Car	E: Registered Agent si mpaign Financir Contribution.		\$5.00 May B Added to Fees	e FI		ck payable t	_
D	Filing Fee is \$61.25 ue by September 14, 2007	9. Election Car Trust Fund (	mpaign Financir Contribution.	ng 🗆	\$5.00 May B Added to Fees	FI	Make chec orida Depa	irtment of S	State
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10.  TITLE  NAME  STREET ADDRESS	Filing Fee is \$61.25 ue by September 14, 2007 OFFICERS AND D PD DEMPS,, JL, JR. 11025 S.W. 223RD STREET	9. Election Car Trust Fund (	mpaign Financin Contribution.  11.  TITLE NAME STREET ADDRE	Direction Over	\$5.00 May B Added to Fees DDITIONS/CH. Lector H Lector H Lector A	ANGES TO OFFICE  ANGE	Make chec lorida Depa CERS AND E	Introduction of Spiritual of Sp	State N 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF PRINTED NAME OF SIGNING