2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT®

DOCUMENT # N95000004062



THE GREATER GOULDS OPTIMIST CLUB, INC. Principal Place of Business Mailing Address 11025 SW 223 ST 11025 SW 223 ST GOULDS: FL 33170 GOULDS, FL 33170 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05112007 CR2E037 (12/06) Chg-NP Applied For 4. FEI Number 65-0501609 City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEMPS, J L JR Street Address (P.O. Box Number is Not Acceptable) 11025 SW 223 ST GOULDS, FL 33170 City Zip Code 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due by September 14, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DP TITLE rector ☐ Change Addition TITLE ☐ Delete DEMPS, JL, JR. NAME NAME 14 SW 118 Avenue STREET ADDRESS 11025 SW 223 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GOULDS, FL 33170 TITLE DVP ☐ Delete Addition WILLIAMS, LORENZO NAME NAME STREET ADDRESS 20021 SW 112 COURT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33177 33170 DVP ☐ Change ☐ Delete TITLE Addition TITLE WALLACE, ARTHUR L NAME NAME 20200 SW 115 AVE STREET ADDRESS STREET ADDRESS Terrace CITY-ST-ZIP MIAMI, FL 33177 CITY-ST-ZIP TITLE ☐ Delete TITLE Ihompson NAME NAME 60 SW 167 Street STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 33157 TITLE ☐ Delete TITLE Tillman NAME NAME nell 220 street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete THUE TITLE

I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS CITY-ST-ZIP

<u>goulds</u>

id W Demps SIGNATURE: 5

NAME STREET ADDRESS

CITY-ST-ZIP

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