2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N95000004062

Entity Name: THE GREATER GOULDS OPTIMIST CLUB, INC.

Current Principal Place of Business:

11025 SW 223 STREET
GOULDS, FL 33170

New Principal Place of Business:

Current Mailing Address:

11025 SW 223 STREET
GOULDS, FL 33170

New Mailing Address:

FEI Number: 65-0501609 **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:

DEMPS, J L JR
11025 SW 223 STREET
GOULDS, FL 33170 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: DP ( ) Delete
Name: DEMPS, JL, JR.
Address: 11025 SW 223 STREET
City-St-Zip: GOULDS, FL 33170

Title: DVP ( ) Delete
Name: WILLIAMS, LORENZO
Address: 20021 SW 112 COURT
City-St-Zip: MIAMI, FL 33177

Title: DVP ( ) Delete
Name: WALLACE, ARTHUR L
Address: 20200 SW 115 AVE
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete
Name: HOLSEY, PLUMER
Address: 19714 SW 118 AVENUE
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete
Name: LESTER, ROBBIE LEE
Address: 10991 SW 222 TERRACE
City-St-Zip: GOULDS, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: ENID W. DEMPS XDIR 05/06/2009
Electronic Signature of Signing Officer or Director — Date