

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001401
1. Corporation Name

BUNCHE PARK OPTIMIST OF DADE COUNTY, INC.

Principal Place of Business: 15600 Bunche Park W, Dr. OPA-LOCKA FL 33054-2958
Mailing Address: 18821 NW 23rd Court OPA LOCKA FL 33056

97 SEP 26 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business: 15600 Bunche Park W, Dr. Opa Locka FL 33054-2958
2a. Mailing Address: 18821 NW 23rd Court Opa Locka FL 33056

21. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

23. City & State: Opa Locka FL 28. City & State: Opa Locka FL

24. Zip: 33054-2958 25. Country: USA 29. Zip: 33056 30. Country: USA

9. Name and Address of Current Registered Agent

ELTORO WALLACE
15600 BUNCHE PARK WEST DRIVE
OPA LOCKA FL 33054-2958

3. Date Incorporated or Qualified: 3-11-96
3a. Date of Last Report:

4. FEI Number: 65-0666265
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City, State, and ZIP Code
84. City

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Brown	12. NAME	Trustee Donald White
STREET ADDRESS	15620 NW 157th St Road	13. STREET ADDRESS	15600 Bunche Park West Dr
CITY-ST-ZIP	Miami FL 33054	14. CITY-ST-ZIP	Opa Locka FL 33054-2958
TITLE	<input checked="" type="checkbox"/> DELETE	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Wallace	22. NAME	Trustee Theodore Renrick
STREET ADDRESS	7860 NW 3rd St, Bldg 13, #2	23. STREET ADDRESS	1834 NW 152nd St
CITY-ST-ZIP	Pembroke Pines FL 33029	24. CITY-ST-ZIP	Opa Locka FL 33054
TITLE	<input checked="" type="checkbox"/> DELETE	31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim Wallace	32. NAME	Trustee Herbert Jones
STREET ADDRESS	3520 SW 190 Terrace	33. STREET ADDRESS	3096 NW 102nd St
CITY-ST-ZIP	Pembroke Pines FL 33029	34. CITY-ST-ZIP	Miami FL 33147
TITLE	<input checked="" type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee Jones	42. NAME	
STREET ADDRESS	3096 NW 102nd St	43. STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33056	44. CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Danny Larkin	52. NAME	
STREET ADDRESS	4350 NW 191 Terrace	53. STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33055	54. CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Len Sumlar	62. NAME	
STREET ADDRESS	2120 Rutland Street	63. STREET ADDRESS	
CITY-ST-ZIP	Opa Locka FL 33054	64. CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Herbert Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E037 (9/96)