

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		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 15600 Bunche Park W, Dr		25 18821 NW 23rd Court		3-11-96	
22 City & State		27 City & State		4. FEI Number	Applied For
23 Opa Locka FL		28 Opa Locka FL		65-0666265	Not Applicable
24 33054-2958		29 33056		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25 USA		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
81 Name				81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)				82 Street Address (P.O. Box Number is Not Acceptable)			
83 City				83 City			
84 City				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 DATE: _____ DAYTIME PHONE # _____

CR2E037 (9/96)