

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 03 1997 8:00am
Secretary of State

DOCUMENT # N96000002107 (8)

1. Corporation Name

CAROL CITY OPTIMIST CLUB INC.

Principal Place of Business

Mailing Address

P O BOX 1685
CAROL CITY FL 33055

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CAROL CITY FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/15/1996 3a. Date of Last Report 4/15/96

4. FEI Number 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOUGLAS, DWAIN
3200 NW 151 TERR
OPA LOCKA FL 33054

81 Name Wayne Weaver, Jr.
82 Street Address (P.O. Box Number is Not Acceptable) 19700 NW 40 Ct
83
84 City Opa Locka FL 85 Zip Code 33055

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 Wayne Weaver Jr Wayne Weaver Jr 7-24-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D TITLE VP 2nd Vice-President ☒ DELETE
NAME DOUGLAS COOK JR.
STREET ADDRESS 15425 NW 26 Ave
CITY-ST-ZIP Miami FL 33055

1.1 TITLE -D 2nd Vice President ☒ Change ☒ Addition
1.2 NAME BRIDGETTE HUGGER
1.3 STREET ADDRESS 12301 NW 18 place
1.4 CITY-ST-ZIP miami FL 33167

D TITLE S/T Sec/Treas ☐ DELETE
NAME Gwendette Douglas
STREET ADDRESS 3431 NW 170 St
CITY-ST-ZIP Miami FL 33056

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

A TITLE VP Vice-President ☐ DELETE
NAME WAYNE WEAVER JR
STREET ADDRESS 19700 NW 40 Ct.
CITY-ST-ZIP Opa Locka FL 33055

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

CR2E037 (4/97)