

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90002 021 ****70.00

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1. Entity Name

CAROL CITY OPTIMIST CLUB INC.



Principal Place of Business

P O BOX 1685
CAROL CITY FL 33055

Mailing Address

P O BOX 1685
CAROL CITY FL 33055

04070300



MOORE CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4088819

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEAVER, WAYNE JR
19700 NW 40TH CT
MIAMI FL 33055

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~DP~~ ☐ Delete
NAME BELL, TRINA M
STREET ADDRESS 4421 NW 191ST ST
CITY-ST-ZIP MIAMI FL 33055

TITLE ☒ Change ☐ Addition
NAME TRINA M. BELL
STREET ADDRESS 14705 W. 101ST Terrace
CITY-ST-ZIP Bldg 4 - #106
Pembroke Pines, FL 33054

TITLE DM ☐ Delete
NAME WEAVER, WAYNE JR
STREET ADDRESS 19700 NW 40TH COURT
CITY-ST-ZIP MIAMI FL 33055

TITLE ☒ Change ☐ Addition
NAME WAYNE WEAVER
STREET ADDRESS 13003 SW 21ST Street
CITY-ST-ZIP Miramar, FL 33027

TITLE DP ☒ Delete
NAME DENSON, DARYL
STREET ADDRESS 700 NW 214TH ST, #2-621
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Change ☒ Addition
NAME A. Michelle Proff
STREET ADDRESS 3330 N.W. 18TH AVE
CITY-ST-ZIP MIAMI, FL 33056

TITLE DV ☒ Delete
NAME BULLOCK, RICKY
STREET ADDRESS 4040 NW 185 ST.
CITY-ST-ZIP MIAMI FL 33055

TITLE ☐ Change ☒ Addition
NAME NATALIE S. MOTON
STREET ADDRESS 9367 N.W. 24th PL
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRINA M. Bell

Date

Daytime Phone #

8/1/04 (954) 885-1397