


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90368 042 \*\*\*\*70.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # N96000002107</b><br>1. Entity Name<br><b>CAROL CITY OPTIMIST CLUB INC.</b>   |  |  |   |    |  |
| Principal Place of Business<br><b>P O BOX 1685<br/>CAROL CITY, FL 33055</b>  |  |  | Mailing Address<br><b>P O BOX 1685<br/>CAROL CITY, FL 33055</b> |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   |   |  |
| Zip  | Country  | Zip  | Country   | 4. FEI Number<br><b>36-4088819</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent  |  |  |   | 7. Name and Address of New Registered Agent   |  |
| <b>WEAVER, WAYNE JR<br/>19700 NW 40TH CT<br/>MIAMI, FL 33055</b>   |  |  |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br><b>13003 SW 21ST STREET</b><br>City <b>MIRAMAR</b> FL Zip Code <b>33027</b> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>  |  |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| Make check payable to<br><b>Florida Department of State</b>  |  |  |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10           |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>DP<br/>BELL, TRINA M<br/>1470 SW 101ST TERRACE BLD 4 # 106<br/>PEMBROKE PINES, FL 33054</b> | <input checked="" type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>DV<br/>WEAVER, WAYNE JR<br/>13003 SW 21ST STREET<br/>MIRAMAR, FL 33027</b>                  | <input checked="" type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>DVT<br/>PROFF, ALICIA<br/>3330 NW 187 TH TR<br/>MIAMI, FL 33055</b>                         | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>DS<br/>MOTON, NATALIE S<br/>9367 NW 24 PL<br/>PEMBROKE PINES, FL 33024</b>                  | <input checked="" type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>DP<br/>Wayne Weaver<br/>13003 SW 21ST<br/>MIRAMAR, FLORIDA 33027</b>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>DST<br/>ALICIA PROFF<br/>3330 NW 187TH TERRACE<br/>MIAMI GARDENS, FLORIDA 33056</b>         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>D<br/>DARYL DENSON<br/>18921 NW 28TH PLACE<br/>MIAMI GARDENS, FLORIDA 33056</b>             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |  |  |   |   |  |
| <b>SIGNATURE: <u>Wayne Weaver Jr</u></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |   |   |  |
| Date <b>4/14/06</b> Daytime Phone <b>780-580-9759</b>  |  |  |   |   |  |