

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000002107

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



07102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4088819

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEAVER, WAYNE JR
13003 SW 21ST ST
MIRAMAR, FL 33027

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IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WEAVER, WAYNE
13003 SW 21 ST
MIRAMAR, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
PROFF, ALICIA
3330 NW 187TH TERRACE
MIAMI GARDENS, FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
PROFF, ALICIA
3330 NW 187 TH TR
MIAMI, FL 33055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DENSON, DARYL
18921 NW 28TH PL
MIAMI GARDENS, FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000763891
07/20/07-80008-024 70.00

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IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE WEAVER 7/8/07 954-499-4374

Date

Daytime Phone #