2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N96000002107

Entity Name: CAROL CITY OPTIMIST CLUB INC.

Current Principal Place of Business:

19100 NW 39TH AVENUE
MIAMI GARDENS, FL 33056

New Principal Place of Business:

Current Mailing Address:

P O BOX 1685
CAROL CITY, FL 33055

New Mailing Address:

FEI Number: 36-4088819 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WEAVER, WAYNE
Address: 13003 SW 21 ST
City-St-Zip: MIRAMAR, FL 33027

Title: DST ( ) Delete
Name: PROFF, ALICIA
Address: 3330 NW 187TH TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: DVT ( ) Delete
Name: PROFF, ALICIA
Address: 3330 NW 187 TH TR
City-St-Zip: MIAMI, FL 33055

Title: D ( ) Delete
Name: BULLOCK, RICKY
Address: 4040 NW 185TH STREET
City-St-Zip: MIAMI GARDENS, FL 33056

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: COLLINS, FRED
Address: 20635 NW 20TH AVENUE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Change (X) Addition
Name: FERNANDEZ, JOSEPH
Address: 19720 NW 44TH PLACE
City-St-Zip: MIAMI GARDENS, FL 33056

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA PROFF DST 03/20/2009

Electronic Signature of Signing Officer or Director — Date