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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002288 (6)**

1. Corporation Name

MIAMI GOLDEN GLADES OPTIMIST, INC.



Principal Place of Business	Mailing Address
POST OFFICE BOX 552053 MIAMI FL 33055	POST OFFICE BOX 552053 MIAMI FL 33055

3. Date Incorporated or Qualified

04/24/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMPSON, SIDNEY
20830 N.W. 29TH COURT
MIAMI FL 33056**

81 Name
Sylvester Johnson JR.

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

1874 S.W. 176 way

83

84 City
Miramar

FL

85 Zip Code
33029

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 *Sylvester Johnson*

4/28/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD President	<input checked="" type="checkbox"/> DELETE
NAME	SIMPSON, SIDNEY	
STREET ADDRESS	20830 N.W. 29 COURT	
CITY-ST-ZIP	MIAMI FL 33056	

1.1 TITLE	PD President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHNSON, Sylvester	
1.3 STREET ADDRESS	1874 S.W. 176 way	
1.4 CITY-ST-ZIP	Miramar, FL 33029	

TITLE	SD Secretary	<input type="checkbox"/> DELETE
NAME	OFFORD, VONCIEL	
STREET ADDRESS	18849 N.W. 18 AVE.	
CITY-ST-ZIP	MIAMI FL 33056	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	VPD Vice President	<input type="checkbox"/> DELETE
NAME	HOLMES, MYRON	
STREET ADDRESS	2211 N.W. 172 TERR.	
CITY-ST-ZIP	MIAMI FL 33056	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	TT 2nd Vice Pres.	<input type="checkbox"/> DELETE
NAME	CARSWELL, MAGGIE	
STREET ADDRESS	2351 N.W. 172 TERR.	
CITY-ST-ZIP	MIAMI FL 33056	

4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carwell Maggie	
4.3 STREET ADDRESS	2351 NW 172 TERR.	
4.4 CITY-ST-ZIP	Mia IL 33056	

TITLE	TT Treasurer	<input checked="" type="checkbox"/> DELETE
NAME	BRAYNON, GIA	
STREET ADDRESS	100 N.W. 131 ST.	
CITY-ST-ZIP	MIAMI FL 33168	

5.1 TITLE	TT TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Carwell, Constance	
5.3 STREET ADDRESS	2800 N.W. 171 St.	
5.4 CITY-ST-ZIP	MIAMI, FL 33055	

TITLE	TT Athletic Director	<input checked="" type="checkbox"/> DELETE
NAME	HURST, RONNIE	
STREET ADDRESS	2200 N.W. 195 TERR.	
CITY-ST-ZIP	MIAMI FL 33056	

6.1 TITLE	Program Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Black, Tony	
6.3 STREET ADDRESS	17832 N.W. 27th Court	
6.4 CITY-ST-ZIP	MIAMI, FL 33056	

14. 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 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.

SIGNATURE: *Vonciel Offord/Vonciel Offord* **4-30-98/303623-694**

CR2E037 (10/97)