

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002288

FILED
May 16, 2004
Secretary of State**Entity Name:** MIAMI GOLDEN GLADES OPTIMIST, INC.**Current Principal Place of Business:**PO BOX 173852
HIALEAH, FL 330173852**New Principal Place of Business:**20520NW 33 PL.
MIAMI, FL 33056**Current Mailing Address:**PO BOX 173852
HIALEAH, FL 330173852**New Mailing Address:**20520 N.W. 33 PL.
MIAMI, FL 33056**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOLMES, MYRON
2111 NW 172ND TERR
MIAMI, FL 33056**Name and Address of New Registered Agent:**NIXON, NAHA
2162 SW 104 AVE
MIRAMAR, FL 33025

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: CLEON WILLIAMS

05/16/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: S () Delete
Name: OSLEY, TRACY
Address: 590 NW 91ST ST #3
City-St-Zip: MIAMI, FL 33150Title: PD () Delete
Name: HOLMES, MYRON
Address: 2211 N.W. 172 TERR.
City-St-Zip: MIAMI, FL 33056Title: VPD () Delete
Name: NIXON, NAHA
Address: 17221 NW 43 AVENUE
City-St-Zip: MIAMI, FL 33055Title: T (X) Delete
Name: BETHEL, HARRIETT
Address: 1270 NW 176TH TERR
City-St-Zip: MIAMI, FL 33169**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: T/S (X) Change () Addition
Name: FREDRICKS, INA
Address: 20520 NW 33 RD PL
City-St-Zip: MIAMI, FL 33056Title: PD (X) Change () Addition
Name: NIXON, NAHA
Address: 2162 SW 104 AVE
City-St-Zip: MIRAMAR, FL 33025Title: VPD (X) Change () Addition
Name: WILLIAMS, CLEON
Address: 20520 NW 33 PL.
City-St-Zip: MIAMI, FL 33056Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLEON WILLIAMS

VPD

05/16/2004

Electronic Signature of Signing Officer or Director

Date