

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002288

FILED
Jun 15, 2009
Secretary of State

Entity Name: OPTIMIST CLUB OF GOLDEN GLADES INC.

Current Principal Place of Business:

3201 NW 185 TERR
CAROL CITY COMPLEX
MIAMI GARDENS, FL 33056

New Principal Place of Business:

Current Mailing Address:

3240 NW 171 STREET
MIAMI GARDENS, FL 33056

New Mailing Address:

FEI Number: 36-4074745 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, CLEON B RA
20520 NW 33RD PLACE
MIAMI, FL 33056 US

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: P () Delete
Name: MELLERSON, ROBERT P
Address: 3240 NW 171 STREET
City-St-Zip: MIAMI, FL 33056 US

Title: VP () Delete
Name: DOUGLAS, DAWAYNE VP
Address: 3200 NW 151TERR.
City-St-Zip: MIAMI, FL 33056 US

Title: S () Delete
Name: SINGLETARY, SYBRINA S
Address: 20721 NW 17 AVE APT 106
City-St-Zip: MIAMI, FL 33056 US

Title: D () Delete
Name: MELLERSON, TANYA D
Address: 3240 NW 171 STREET
City-St-Zip: MIAMI, FL 33056 US

Title: D () Delete
Name: BROWN, DARRELL D
Address: 19721 NW 40 AVE
City-St-Zip: MIAMI, FL 33056 US

Title: D () Delete
Name: WILLIAMS, PERRY D
Address: 6334 NW 170 TH LANE
City-St-Zip: MIAMI LAKES, FL 33015 US

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

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: ROBERT MELLERSON

PRES

06/15/2009

Electronic Signature of Signing Officer or Director

Date