

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

**DOCUMENT # N98000001662**

1. Entity Name  
HOLIDAY PARK OPTIMIST CLUB, INC.



Principal Place of Business  
P.O. BOX 4704  
FORT LAUDERDALE, FL 33338

Mailing Address  
P.O. BOX 4704  
FORT LAUDERDALE, FL 33338

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90048 005 \*\*\*\*69.90



04032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
91-1938996

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

FAUST, RUSSELL  
4814 S.W. 28TH TERRACE  
FORT LAUDERDALE, FL 33312

**DO NOT WRITE  
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 May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MCCOY, REGINALD
STREET ADDRESS	8017 NW 28 ST
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	VD
NAME	DERAUGHN, DEWIGHT
STREET ADDRESS	2301 NW 23 LANE #B
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	S
NAME	BUTLER, TANEKA
STREET ADDRESS	1821 NW 31 AVENUE #204
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	T
NAME	THORNTON, JULIE
STREET ADDRESS	6198 LAUREL LANE UNIT D
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	FC
NAME	PIERSON, COREY
STREET ADDRESS	1501 SW 67 TERR
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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

Date

Daytime Phone #

4/2/07 (954) 747-0710  
(954) 478-0830