

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003884

FILED  
Apr 02, 2004  
Secretary of State

Entity Name: WEST HOLLYWOOD HILLS OPTIMIST CLUB, INC.

**Current Principal Place of Business:**

6770 GARFIELD STREET  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 817194  
HOLLYWOOD, FL 33081

**New Mailing Address:**

FEI Number: 01-0689453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAUST, RUSSELL  
2405 JACKSON STREET  
HOLLYWOOD, FL 33020 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: PD ( ) Delete  
Name: FAUST, RUSSELL  
Address: 6770 GARFIELD ST  
City-St-Zip: HOLLYWOOD, FL 33024

Title: VPD ( ) Delete  
Name: BIEGER, JOYCE  
Address: 6770 GARFIELD ST  
City-St-Zip: HOLLYWOOD, FL 33024

Title: D ( ) Delete  
Name: CASSALIA, SANDRA  
Address: 6770 GARFIELD ST  
City-St-Zip: HOLLYWOOD, FL 33024

Title: D ( ) Delete  
Name: FAUST, GLADYS  
Address: 6770 GARFIELD ST  
City-St-Zip: HOLLYWOOD, FL 33024

Title: TS ( ) Delete  
Name: ALFORD, MELISSA  
Address: 831 SW 64 AVE  
City-St-Zip: HOLLYWOOD, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: DONALD, WHITE  
Address: 6770 GARFIELD ST  
City-St-Zip: HOLLYWOOD, FL 33024

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 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: RUSSELL FAUST

P

04/02/2004

Electronic Signature of Signing Officer or Director

Date