ANNUAL REPORT

DOCUMENT # N99000005796

1. Entity Name NORTH WEST OPTIMIST CLUB OF TAMPA, INC.



5/10

FILED Jun 07, 2004 8:00 am Secretary of State 05-10-2004 90474 024 ****61.25

Principal Place of Business 911 WEST GASTON PLACE TAMPA, FL 33604		Mailing Address 911 WEST GASTON PLACE TAMPA, FL 33604			004 5 005			
2 Principal	Place of Business	3. Mailing Address						
				I HOURSHING OF THE	FAL MAINE MEETT BERTH MEET	i danih wanan arifi labia Majije .	DYALIDI 34 INDI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222004	Chg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 59-36084	65	 -	pplied For	
Zip	Country	Zip	Country	5. Certificate of		□ \$8.75 Ad	lot Applicable	
	6. Name and Address of Current	Registered Agent			Fee Required 7. Name and Address of New Registered Agent			
LOPEZ, HAROLD 911 W. GASTON PL TAMPA, FL. 33604			Name B	DAY MAE1 ess (P.O. Box Number is	inin			
			4286	Carmen	sti			
		_	City To			FL Zip Coo		
8. The above	e named entity submits this statement to tions of registered agent.	the purposerof changing its re	gistered office or reg	stered agent, or both, i	n the State of Flo	rida. I am familiar with	, and accept	
in obliga	and a rogard agon.						•	
SIGNATURE		Below				6/2/pd		
	Signature, typed or printed name of registered agent	and the if applicable. (NOTE: R	egistered Agent signature re-	quired when reinstating)		MATE /		
•	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp. Trust Fund Cor		\$5.00 May Be Added to Fees	Ma Flori	ake check payable (da Department of S	o tate	
10. 💃	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANG	SES TO OFFICEP	RS AND DIRECTORS IN	1 10	
TITLE - Nave	SD BONARIO, KIM	Delete		/D		☐ Change	Addition	
STREET ADDRESS		·	NAME 60	asserman, 1 0712. N. Sen	lairly,		_	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	0712. N. Sen	indle			
TITLE	VD	☐ Delete	TITLE	Acapa, El. 7.	26/2	☐ Change	☐ Addition	
MAME STREET ADDRESS	MARTINEZ; BENNY 4306 CARMEN ST.		NAME			□ வக்	C) Addition	
CITY-ST-ZIP	TAMPA, FL 33609		STREET ADDRESS CITY+ST+ZIP					
TITLE	TD	□ Delete	MLE				F7 5 4 3hr	
NAME	LOPEZ, HAROLD		NAME	•		Change	Addition Addition	
STREET ADDRESS	911 W. GASTON PL. TAMPA, FL 33604		STREET ADDRESS			-		
DR.E.	-VD	\$7 p.u.	CITY-ST-ZIP	·				
NÂME	BORSICK, RICK	56 Delete	NAME .			Change	Addition	
STREET ADDRESS CITY-ST-ZIP	12310 FOREST LANE DRIVE	•	STREET ADDRESS					
TITLE	TAMPA, FL 33624		CITY-ST-ZIP	·				
NAME		Delete	TITLE			Change	☐ Addition	
STREET ADDRESS			NAME Street Address			•		
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE			Change	Addition	
STREET ADDRESS			NAME CTREET ADDRESS			- •		
C/TY-ST-ZIP	•		STREET ADDRESS					

12. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under eath; 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 life empowered.

SIGNATURE: