

2004 NOTICE FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90474 024 \*\*\*\*61.25

**DOCUMENT # N99000005796**

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



5/1

Principal Place of Business  
911 WEST GASTON PLACE  
TAMPA, FL 33604

Mailing Address  
911 WEST GASTON PLACE  
TAMPA, FL 33604

00460020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3608465

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, HAROLD  
911 W. GASTON PL.  
TAMPA, FL 33604

Name  
-Benny Martinez

Street Address (P.O. Box Number is Not Acceptable)

4306 Carmen St.

City  
Tampa

FL

Zip Code  
33609

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, 2004

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BONARIO, KIM 12310 FOREST LANE DRIVE TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ, BENNY 4306 CARMEN ST. TAMPA, FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOPEZ, HAROLD 911 W. GASTON PL. TAMPA, FL 33604	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORSICK, RICK 12310 FOREST LANE DRIVE TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Wasserman, Larry 10712 N. Seminole Tampa, FL 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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 life empowered.

SIGNATURE:

*Benny Martinez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/04

813-289-0142

Date Initial Phone #