


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90046 050 ****61.25

DOCUMENT # N99000005796
 1. Entity Name
NORTH WEST OPTIMIST CLUB OF TAMPA, INC.



Principal Place of Business Mailing Address
911 WEST GASTON PLACE **911 WEST GASTON PLACE**
TAMPA FL 33604 **TAMPA FL 33604**



2. Principal Place of Business 3. Mailing Address
4306 Carmen St. *4306 Carmen St.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
Tampa, Fla. *Tampa, Fla.*
 Zip Country Zip Country
33609 *USA* *33609* *USA*

4. FEI Number Applied For
59-3608465 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARTINEZ, BENNY
4306 CARMEN ST
TAMPA FL 33609

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WASSERMAN, LARRY	
STREET ADDRESS	10712 N SEMINOLE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTINEZ, BENNY	
STREET ADDRESS	4306 CARMEN ST.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, HAROLD	
STREET ADDRESS	911 W. GASTON PL.	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Ortelli	
STREET ADDRESS	1919 W. Humphrey	
CITY-ST-ZIP	Tampa, FL 33604	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norma Martinez	
STREET ADDRESS	4306 Carmen St.	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Benny Martinez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #