

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13294

Entity Name: RICHMOND PERRINE OPTIMIST CLUB, INC. OF MIAMI, FL**Current Principal Place of Business:**18055 HOMESTEAD AVENUE
MIAMI, FL 33157**Current Mailing Address:**18055 HOMESTEAD AVENUE
MIAMI, FL 33157 US**FEI Number:** 59-2664308**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RONALD TOOKES
4647 ADRIENNE STREET
SEBRING, FL 33872 US*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**Officer/Director Detail :**

Title DIRECTOR
Name BATTLE, GEORGE MD
Address M 3 GROVE ISLE DR.
#1209
City-State-Zip: COCONUT GROVE FL 33133

Title SECRETARY, DIRECTOR
Name TOOKES, RONALD
Address 4647 ADRIENNE STREET
City-State-Zip: SEBRING FL 33872

Title PRESIDENT /DIRECTOR
Name BETHEL, CHARLES
Address 10954 SW 152 TERR
City-State-Zip: MIAMI FL 33157

Title PAST PRESIDENT, DIRECTOR
Name GARDNER-LESTER, DAISY
Address 6003 NW 41 LANE
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR
Name STRINGER, LERONARDO DR.
Address 19950 S.W. 134 COURT
City-State-Zip: MIAMI FL 33177

Title 1ST VP, DIRECTOR
Name BURLEY, SAMMIE DR.
Address 16910 S.W. 107 COURT
City-State-Zip: MIAMI FL 33157

Title TREASURER, DIRECTOR
Name BRUMBY, JOYCE
Address 11425 SW 148 TERRACE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name HARDEMON, PHILLIP
Address 15031 FILLMORE STREET
City-State-Zip: MIAMI FL 33176

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I hereby 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 all other like empowered.

SIGNATURE: RONALD E. TOOKES**SECRETARY****01/23/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HASSAN, OMAR
Address 14560 BUCHANAN STREET
City-State-Zip: MIAMI FL 33176

Title 2ND VICE PRESIDENT, DIRECTOR
Name TOWNSEND, BENECIA
Address 14530 SW 105 AVENUE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name FANN, LASHAWN
Address 14530 SW 105TH AVENUE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name HOLLIS, DONALD DR.
Address 14820 LOUIS STREET
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name WATSON, DAVID
Address 10924 SW 152 TERRACE
City-State-Zip: MIAMI FL 33157