

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40377

Entity Name: NEW RIVER OPTIMIST CLUB OF FORT LAUDERDALE, INC.**Current Principal Place of Business:**14621 SW 24TH STREET
DAVIE, FL 33325**Current Mailing Address:**14621 SW 24TH STREET
DAVIE, FL 33325**FEI Number:** 65-0021983**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COBB, CAROL
14621 SW 24TH STREET
DAVIE, FL 33325 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 PD
Name GENEUREUX, BECKY PD
Address 2410 SE ISSAC RD.
City-State-Zip: PORT ST. LUCIE FL 34952

Title VPTR
Name GORDON, LES
Address 5220 NW 55 BLVD. #107
City-State-Zip: COCONUT CREEK FL 33073

Title S
Name AGUILAR, JAMIE
Address PO BOX 266144
City-State-Zip: WESTON FL 33326

Title ASST. TREASURER
Name COBB, MIKE
Address 14621 SW 24TH STREET
City-State-Zip: DAVIE FL 33325

Title D
Name AGUILAR, ANDY
Address 942 LAFAYETTE PL.
City-State-Zip: CHULA VISTA CA 91913

Title TREASURER
Name GENEUREUX, JON TREASURER
Address 2410 ISSAC RD.
City-State-Zip: PORT ST. LUCIE FL 34952

Title DIRECTOR
Name COBB, CAROL D
Address 14621 SW 24TH STREET
City-State-Zip: DAVIE FL 33325

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: MIKE COBB

ASST. TREASURER

04/14/2019

Electronic Signature of Signing Officer/Director Detail_____
Date