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May 13, 1999 8:00 am
Secretary of State

05-13-1999 90023 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N98000002652** ✓
 1. Corporation Name
THE OPTIMIST CLUB FOUNDATION OF SANIBEL CAPTIVA, INC.

Principal Place of Business: 1067 SANDCASTLE ROAD, SANIBEL ISLAND FL 33957
 Mailing Address: POST OFFICE BOX 1370, SANIBEL ISLAND FL 33957



21	2. Principal Place of Business	2a	2a. Mailing Address	3.	Date Incorporated or Qualified
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number
23	City & State	27	City & State		Applied For
24	Zip	28	Zip		<input checked="" type="checkbox"/> Not Applicable
25	Country	29	Country	5.	Certificate of Status Desired
30		30			<input type="checkbox"/> \$8.75 Additional Fee Required
				6.	Election Campaign Financing
					<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BASHER, JOHN 1067 SANDCASTLE ROAD SANIBEL ISLAND FL 33957		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: John B. Basher JOHN B. BASHER
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARONOFF, MARK	1.2 NAME	JOHN TURANSKY
STREET ADDRESS	9401 BEVERLY LANE	1.3 STREET ADDRESS	232 ROBINWOOD CIRCLE
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	1.4 CITY-ST-ZIP	SANIBEL FL 33957
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLM, THOR	2.2 NAME	RICHARD M. CURRY
STREET ADDRESS	2125 S.W. 47TH TERRACE	2.3 STREET ADDRESS	PO BOX 229
CITY-ST-ZIP	CAPE CORAL FL 33914	2.4 CITY-ST-ZIP	SANIBEL FL 33957
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JURCZSZAK, J. WALTER	3.2 NAME	KISA BILSKA
STREET ADDRESS	1066 SAND CASTLE ROAD	3.3 STREET ADDRESS	2426 IVY AVE
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	3.4 CITY-ST-ZIP	FT. MYERS FL 33907
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODMAN, ARNOLD	4.2 NAME	JACQUE OWENS
STREET ADDRESS	490 OLD TRAIL ROAD	4.3 STREET ADDRESS	1098 SAND CASTLE RD
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	4.4 CITY-ST-ZIP	SANIBEL FL 33957
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JURA, ROBERT	5.2 NAME	JOHN BASHER
STREET ADDRESS	223 PALM LAKE ROAD	5.3 STREET ADDRESS	1067 SAND CASTLE RD
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	5.4 CITY-ST-ZIP	SANIBEL FL 33957
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEISS, NOLA	6.2 NAME	
STREET ADDRESS	1360 JAMAICA DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John B. Basher **REQUIRED** 4/12/99 941 3950739
Signature and typed or printed name of signing officer or director Date Daytime Phone #
JOHN B. BASHER

CR2E037 (1/98)