

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # N98000002978</b>	
1. Entity Name OPTIMIST CLUB OF SANIBEL CAPTIVA, INC.	



Principal Place of Business P O BOX 1370 SANIBEL ISLAND, FL 33957 US	Mailing Address P O BOX 1370 SANIBEL ISLAND, FL 33957 US
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01112006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 91-1871972	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BASHER, JOHN B 12415 MCGREGOR WOODS CIRCLE FORT MYERS, FL 33908
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**DO NOT WRITE  
IN THIS SPACE**

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 resigning) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALSH, MARSHA F P. O. BOX 942 SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCURRY, RICHARD P P.O. BOX 229 SANIBEL, FL 339570229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASHER, JOHN B 12415 MCGREGOR WOODS CIRCLE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CARSON, RANDALL W 748 MAHOGANY WAY SANIBEL ISLAND, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTON, DAN 1663 BUNTING LANE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, DANETTE H 3318 TWIN LAKES SANIBEL, FL 33957

1100000390030  
01/23/06-80009-003 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: John B Basher JOHN B BASHER 239 486 7675  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #