2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

1. Entity Name THE OPTIMIST CLUB FOUNDATION OF SANIBEL CAPTIVA, INC.						3	01-23-2006 9	0041 010) ****70.	00
Principal Place of Business POST OFFICE BOX 1370 SANIBEL ISLAND, FL 33957			Mailing Address POST OFFICE BOX 1370 SANIBEL ISLAND, FL 33957				21 FEIT CRIS CRIS CRIS	N 2891 CAN'T (FE)	a chan kala ka	18 0 GE
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01112006	Chg-NP	CR2E03	7 (11/05)	
City & State			City & State			4. FEI Number 65-08625	 589		_ 	plied For t Applicable
Zip	Zip Country		Zip	ip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and A	ddress of New R	legistered A	gent	
BASHER, JOHN					Name					
12415 MCGREGOR WOODS CIRCLE FORT MYERS, FL 33908					Street Address (P.O. Box Number is Not Acceptable)					
					City	FL Zip Code				
	named entity sub tions of registered		he purpose of changing it	s register	ed office or regist	tered agent, or both,	in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE .	Street or see	ited name of registered againt an	Atthe & societies AND	TE- Because	nd Agent agentise rega			DATE		
	Signature, Special pri		O CERT REPORTED INC.	IC NO JOSEPH	u Ages egresse equ	ean was testishing		LANC		
Filing 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 DIRE	CTORS	11.		ADDITIONS/CHAN	IGES TO OFFICE	RS AND DIR	ECTORS IN	10
TITLE NAME	WALSH, MARSHA F		☐ Delete	TITL NAM	E	☐ Change ☐ Additio			☐ Addition	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS P. O. BOX 942 CITY-S1-ZIP SANIBEL, FL 33957				EET ADORESS (-ST-ZIP					
TITLE NAME	DT BASHED IO	JM								
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Horida 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

239 466 7675

Daytime Phone #