2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N98000002652

1. Entity Name
THE OPTIMIST OF THE FOUNDATION OF SANIBEL



FILED Jan 16, 2007 8:00 am Secretary of State

01-16-2007 90264 019 ****61.50

CAPTIVA, INC.				TEE ST				
POST OFFICE BOX 1370 POS		Mailing Address POST OFFICE BOX 1370 SANIBEL ISLAND, FL 339				•	50001	บูวรช
Principal Place of Business - No P.O. Box #								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01092007 Ch	ng-NP CR2E03	7 (12/06)	
City & Stat	е	City & State			4. FEI Number Applied For 65-0862589 Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
BASHER, JOHN 12415 MCGREGOR WOODS CIRCLE FORT MYERS, FL 33908				Name Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Cod	е
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent and		gistered office o			the State of Florida. I am fa	amiliar with,	and accept
<u> </u>	Signature, 19500 or printed home of registered agent an	o me mappicable. (No. 1.	Togotto ou rigani aigran	and required				
à.			ion Campaign Financing Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	SD	☐ Delete	TITLE	1			Change	Addition
NAME	WALSH, MARSHA F		NAME					
STREET ADDRESS	P. O. BOX 942		STREET ADDRESS					
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP					
TITLE	DT	☐ Delete	TITLE				☐ Change	Addition
NAME	BASHER, JOHN		NAME					
STREET ADDRESS	12415 MCGREGOR WODS CIRC	LE	STREET ADDRESS					
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE	DP			🗷 Change	Addition

FORT MYENS, CITY-ST-ZIP FL 33908 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.

THLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

DVP

BASHER, SUE

12415 MCGRECOR WOODS CIRCLE

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

HOWARD, STANLEY

3318 TWIN LAKES

COHAN, DICK

P.O. BOX 229

DVP

SANIBEL, FL 33957

805 SAND DOLLAR

SANIBEL ISLAND, FL 33957

MCCURRY, RICHARD P

SANIBEL, FL 33957

JOHN BBASHER

Delete

Delete

☐ Delete

239 466 7675 Daytime Phone #

☐ Change

Change

☐ Change

☐ Addition

Addition

Addition

ATTACHMENT # N9800000353



EXECUTIVE TITLE

JUST NOTICED I WROTE CHECKS FOR \$61.50 INSTEAD of 61.25. KEEP THE DIFFERENCE

france

SANIBEL 695 Tarpon Bay Rd # 7 Sanibel, FL 33957 PH: 239-472-8228 FX: 239-472-2868