2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N98000002652

Entity Name: THE OPTIMIST CLUB FOUNDATION OF SANIBEL CAPTIVA, INC.

Current Principal Place of Business:

POST OFFICE BOX 1370
SANIBEL ISLAND, FL 33957

New Principal Place of Business:

2450 PERIWINKLE WAY
SANIBEL ISLAND, FL 33957

Current Mailing Address:

POST OFFICE BOX 1370
SANIBEL ISLAND, FL 33957

New Mailing Address:

FEI Number: 65-0862589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BASHER, JOHN
12415 MCGREGOR WOODS CIRCLE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FITZGERALD JR, CLIFFORD L
Address: 1214 BUTTONWOOD LANE
City-St-Zip: SANIBEL, FL 33957

Title: DT ( ) Delete
Name: BASHER, JOHN
Address: 12415 MCGREGOR WODS CIRCLE
City-St-Zip: FORT MYERS, FL 33908

Title: DP ( ) Delete
Name: HOWARD, STANLEY
Address: 3318 TWIN LAKES
City-St-Zip: SANIBEL, FL 33957

Title: DVP ( ) Delete
Name: MCCURRY, RICHARD P
Address: P.O. BOX 229
City-St-Zip: SANIBEL, FL 33957

Title: D ( ) Delete
Name: BASHER, SUE
Address: 12415 MCGREGOR WOODS CIRCLE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN B BASHER T 01/09/2009

Electronic Signature of Signing Officer or Director — Date