#### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002652

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

FILED Mar 10, 2022 Secretary of State 4433625958CC

# **Current Principal Place of Business:**

2475 LIBRARY WAY SANIBEL ISLAND. FL 33957

### **Current Mailing Address:**

POST OFFICE BOX 1370 SANIBEL ISLAND, FL 33957

FEI Number: 65-0862589 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BASHER, JOHN B 4410 TAFFRAIL CT. 2A

FORT MYERS, FL 33919 US

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

#### Officer/Director Detail:

Title	SECRETARY	Title	Р

NameOSGOOD, ANTONIANameHOWARD, STANLEYAddress475 LAS TIENDASAddress3318 TWIN LAKESCity-State-Zip:SANIBEL FL 33957City-State-Zip:SANIBEL FL 33957

Title VP Title I

NameJONES, JOHNNameBASHER, SUEAddress521 LAKE MUREXAddress4410 TAFFRAIL CT.

City-State-Zip: SANIBEL FL 33957

City-State-Zip: FORT MYERS FL 33919

Title DIRECTOR Title DIRECTOR

Name GRAHAM, DAVID Name MCCRAY, MICHAEL
Address 1291 PARVIEW DR.

City-State-Zip: SANOBEL FL 33957 City-State-Zip: SANIBEL FL 33957

Title DIRECTOR Title VICE-PRESIDENT
Name BOWERS, SUSAN

Address P.O. BOX 694 Name CARSON, RANDY
Address 359 PERIWINKLE WAY

City-State-Zip: SANIBEL FL 33957 3B

P.O. BOX 436

SANIBEL FL 33957

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City-State-Zip:

Address

I hereby 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 all other like empowered.

SIGNATURE: MARK P OBRIEN TREASURER 03/10/2022

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameHOWARD, DANETTENameSTEGER, MARKAddress3318 TWIN LAKES LANEAddressP.O. BOX 705City-State-Zip:SANIBEL FL 33957City-State-Zip:SANIBEL FL 33957

Title DIRECTOR Title TREASURER

Name ALTON, DAN Name OBRIEN, MARK MARK

Address 1119 PERIWINKLE WAY Address 703 TARPON BAY RD

UNIT 36 City-State-Zip: SANIBEL FL 33957