

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002652

**Entity Name:** THE OPTIMIST CLUB FOUNDATION OF SANIBEL CAPTIVA, INC.**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  
Name OBRIEN, MARK  
Address P.O. BOX 694  
City-State-Zip: SANIBEL FL 33957

Title P  
Name HOWARD, STANLEY  
Address 3318 TWIN LAKES  
City-State-Zip: SANIBEL FL 33957

Title D  
Name BASHER, SUE  
Address 4410 TAFFRAIL CT.  
2A  
City-State-Zip: FORT MYERS FL 33919

Title DIRECTOR  
Name GRAHAM, DAVID  
Address 1291 PARVIEW DR.  
City-State-Zip: SANOBEL FL 33957

Title T  
Name BASHER, JOHN  
Address 4410 TAFFRAIL CT  
2A  
City-State-Zip: FORT MYERS FL 33919

Title VP  
Name MCCURRY, RICHARD P  
Address P.O. BOX 229  
City-State-Zip: SANIBEL FL 33957

Title D  
Name JONES, JOHN  
Address 521 LAKE MUREX CIR  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name MCCRAY, MICHAEL  
Address P.O. BOX 436  
City-State-Zip: SANIBEL FL 33957

**Continues on page 2**

*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:** JOHN B BASHER

TREASURER

01/11/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BOWERS, SUSAN  
Address P.O. BOX 694  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name HOWARD, DANETTE  
Address 3318 TWIN LAKES LANE  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name ALTON, DAN  
Address 1119 PERIWINKLE WAY  
UNIT 36  
City-State-Zip: SANIBEL FL 33957

Title VICE-PRESIDENT  
Name CARSON, RANDY  
Address 359 PERIWINKLE WAY  
3B  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name STEGER, MARK  
Address P.O. BOX 705  
City-State-Zip: SANIBEL FL 33957