

**2020 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:** Yes**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 OSGOOD, ANTONIA  
Address 475 LAS TIENDAS  
City-State-Zip: SANIBEL FL 33957

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

Title VP  
Name JONES, JOHN  
Address 521 LAKE MUREX  
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: SANIBEL FL 33957

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

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

Title VICE-PRESIDENT  
Name CARSON, RANDY  
Address 359 PERIWINKLE WAY  
3B  
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:** MARK P OBRIEN

TRES

03/04/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title                 TREASURER  
Name                OBRIEN, MARK MARK  
Address             703 TARPON BAY RD  
City-State-Zip:    SANIBEL FL 33957