DOCUMENT# N98000002652 Entity Name: THE OPTIMIST CLUB FOUNDATION OF SANIBEL CAPTIVA, INC.	Apr 09, 20 Secretary of 646314428 ²
Current Principal Place of Business: 2475 LIBRARY WAY SANIBEL ISLAND, FL 33957	040314420
Current Mailing Address:	
POST OFFICE BOX 1370 SANIBEL ISLAND, FL 33957	
FEI Number: 65-0862589 Certificate	e of Status Desired:
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 b	ooth, in the State of Florida.

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

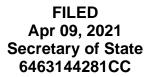
Officer/Director Detail ·

Officer/Director Detail :				
Title	SECRETARY	Title	Р	
Name	OSGOOD, ANTONIA	Name	HOWARD, STANLEY	
Address	475 LAS TIENDAS	Address	3318 TWIN LAKES	
City-State-Zip:	SANIBEL FL 33957	City-State-Zip:	SANIBEL FL 33957	
Title	VP	Title	D	
Name	JONES, JOHN	Name	BASHER, SUE	
Address	521 LAKE MUREX	Address	4410 TAFFRAIL CT. 2A	
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.	Address	P.O. BOX 436	
City-State-Zip:	SANOBEL FL 33957	City-State-Zip:	SANIBEL FL 33957	
Title	DIRECTOR	Title	VICE-PRESIDENT	
Name	BOWERS, SUSAN	Name	CARSON, RANDY	
Address	P.O. BOX 694	Address	359 PERIWINKLE WAY	
City-State-Zip:	SANIBEL FL 33957	City-State-Zip:	3B 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.

04/09/2021 SIGNATURE: MARK OBRIEN TREASURER Date



Date

ate of Status Desired: No

SIGNATURE:

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	HOWARD, DANETTE	Name	STEGER, MARK
Address	3318 TWIN LAKES LANE	Address	P.O. BOX 705
City-State-Zip:	SANIBEL FL 33957	City-State-Zip:	SANIBEL FL 33957
Title Name	DIRECTOR ALTON, DAN	Title Name	TREASURER OBRIEN, MARK MARK