

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002978

Entity Name: OPTIMIST CLUB OF SANIBEL CAPTIVA, INC.**Current Principal Place of Business:**2475 LIBRARY WAY
SANIBEL ISLAND, FL 33957**Current Mailing Address:**P O BOX 1370
SANIBEL ISLAND, FL 33957 US**FEI Number:** 91-1871972**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HOWARD, STAN
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:** STAN HOWARD

03/04/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title T
Name OBRIEN, MARK B
Address 1529 NE 35TH ST
2A
City-State-Zip: CAPE CORAL FL 33909

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

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

Title DIRECTOR
Name CARSON, RANDY P
Address 1517 PERIWINKLE WAY UNIT 3B
City-State-Zip: SANIBEL FL 33957-0229

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

Title SECRETARY
Name ANTONIA, OSGOOD
Address 475 LAS TIENDAS LN
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR
Name BOWERS, SUSAN
Address P.O. BOX 694
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 GRAHAM, DAVID
Address 1291 PARVIEW DR.
City-State-Zip: SANIBEL FL 33957

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