

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002978

FILED
Jan 11, 2018
Secretary of State
CC5692900502

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

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

Title T
Name BASHER, JOHN B
Address 4410 TAFFRAIL CT
2A
City-State-Zip: FORT MYERS FL 33908

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

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

Title SECRETARY
Name OBRIEN, MARK
Address P.O. BOX 694
City-State-Zip: SANIBEL FL 33957

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

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

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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 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 JONES, JOHN
Address 521 LAKE MUREX CIRCLE
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