

**2019 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:** 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	T
Name	BASHER, JOHN B
Address	4410 TAFFRAIL CT 2A
City-State-Zip:	FORT MYERS FL 33908

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

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

Title	VP
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	OBRIEN, MARK
Address	P.O. BOX 694
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: JOHN B BASHER****TREASURER****01/02/2019**

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