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95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **709651** **(4)**

1. Corporation Name
OPTIMIST CLUB OF FORT MYERS, FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 7317 FT MYERS FL 33911	P.O. BOX 7317 FT MYERS FL 33911

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/24/1965**
3a. Date of Last Report: **04/20/1994**
4. FEI Number: **59-6144698** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

FASSETT,JOHN B
1040 N TOWN & RIVER DR
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 4-13-95
Signature of new registered agent if changing DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	STRALEY, DORE	12 NAME	~~Dore~~ Straley, Dore	
STREET ADDRESS	2012 CORWALLIS PKWY.	13 STREET ADDRESS	P.O. Box 51172 N/A	
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP	Fort Myers, FL 33905-1172	
TITLE	~~VD~~ D	21 TITLE	~~[illegible]~~ D	☒ Change ☐ Addition
NAME	FASSETT, JOHN	22 NAME	~~[illegible]~~	
STREET ADDRESS	1040 N. TOWN & RIVER	23 STREET ADDRESS	~~[illegible]~~	
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP	~~[illegible]~~	
TITLE	~~SD~~	31 TITLE	VD	☒ Change ☐ Addition
NAME	PARKER, HAROLD	32 NAME		
STREET ADDRESS	4405 CYPRESS LANE	33 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	SE/TD	☒ Change ☐ Addition
NAME	LINEBACK, CLYDE S.	42 NAME	Robert Tomlin	
STREET ADDRESS	30 BROAKWAY CIR.	43 STREET ADDRESS	1923 S.E. 5th St.	
CITY-ST-ZIP	FT. MYERS FL	44 CITY-ST-ZIP	Cape Coral, FL 33990	
TITLE		51 TITLE	VD Susan Rudd	☐ Change ☒ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS	1818 N.E. 25th St.	
CITY-ST-ZIP		54 CITY-ST-ZIP	Cape Coral, FL 33909	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert E Tomlin Robert E. Tomlin 4/13/95 (813) 656-2192
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Title Daytime Phone #

0089457