FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

3. Date Incorporated or Qualified: **09/24/1965**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-6144898** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STRALEY, DORE		1.2 NAME		
STREET ADDRESS	PO BOX 51172 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	FASSETT, JOHN		2.2 NAME		
STREET ADDRESS	1040 N. TOWN & RIVER		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP	33919	
TITLE	VD	☐ DELETE	3.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	PARKER, HAROLD		3.2 NAME		
STREET ADDRESS	4405 CYPRESS LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP	33905	
TITLE	STD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TOMLIN, ROBERT		4.2 NAME		
STREET ADDRESS	1923 SE 5TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE	P/D	☒ Change ☐ Addition
NAME	RUDD, SUSAN		5.2 NAME		
STREET ADDRESS	1818 NE 28TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		5.4 CITY-ST-ZIP	33909	
TITLE		☐ DELETE	6.1 TITLE	V/D	☐ Change ☒ Addition
NAME			6.2 NAME	CARRIE MUCHLER	
STREET ADDRESS			6.3 STREET ADDRESS	1911 NE 28TH STREET	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	CAPE CORAL, FL 33909	

CR2E037 (12/95)

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)(k), 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: L. Harold Parker 4/4/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #