

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90211 001 ****61.25

DOCUMENT # 709651

1. Corporation Name

OPTIMIST CLUB OF FORT MYERS, FLORIDA, INC.

Principal Place of Business

P.O. BOX 7317
FT MYERS FL 33911

Mailing Address

P.O. BOX 7317
FT MYERS FL 33911

139183-90211.91



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/24/1965

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MUCHLER, CARRIE
STREET ADDRESS 1911 NE 28TH STREET
CITY-ST-ZIP CAPE CORAL FL

TITLE D
NAME FASSETT, JOHN
STREET ADDRESS 1040 N. TOWN & RIVER
CITY-ST-ZIP FT MYERS FL

TITLE STD
NAME PARKER, HAROLD
STREET ADDRESS 4405 CYPRESS LANE
CITY-ST-ZIP FT. MYERS FL

TITLE VD
NAME MATTHEW DEVEREAUX
STREET ADDRESS 918 NE 15TH TERRACE
CITY-ST-ZIP CAPE CORAL FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME LINEBACK, CLYDE
1.3 STREET ADDRESS 30 BROADWAY CIRCLE
1.4 CITY-ST-ZIP FORT MYERS, FL 33901

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VD
4.2 NAME GREGG, J. R.
4.3 STREET ADDRESS 2023 CANAL STREET
4.4 CITY-ST-ZIP FORT MYERS, FL 33901

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)