

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90306 027 ****61.25

DOCUMENT # 709651 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6144898	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FASSETT, JOHN B 1040 N TOWN & RIVER DR FT MYERS, FL 33907				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FASSETT, JOHN		NAME		
STREET ADDRESS	1040 N. TOWN & RIVER		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL		CITY-ST-ZIP		
TITLE	STD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, HAROLD		NAME		
STREET ADDRESS	4405 CYPRESS LANE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREGG, J R		NAME		
STREET ADDRESS	2023 CANAL STREET		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33901		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUCHLER, CARRIE		NAME		
STREET ADDRESS	1911 NE 28TH ST.		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33909		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUDD, SUE		NAME		
STREET ADDRESS	1818 NE 28TH ST		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33909		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>L. Harold Parker</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/17/04 Daytime Phone # 239-694-8353		

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