2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 11, 2006 8:00 am Secretary of State **DOCUMENT #709651** 04-11-2006 90115 019 ****61.25 OPTIMIST CLUB OF FORT MYERS, FLORIDA, INC. Principal Place of Business Mailing Address P.O. BOX 7317 P.O. BOX 7317 60026780 FT MYERS, FL 33911 FT MYERS, FL 33911 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-6144898 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FASSETT, JOHN 8 1040 N TOWN & RIVER DR Street Address (P.O. Box Number is Not Acceptable) FT MYERS, FL 33907 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TILE ☐ Delete TITLE Change Change ■ Addition NAME FASSETT, JOHN NAME STREET ADDRESS 1040 N. TOWN & RIVER STREET ADDRESS CITY-ST-ZIP FT MYERS, FL CITY-ST-7P TITLE ☐ Delete TITLE ☐ Channe Addition PARKER, HAROLD NAME NAME STREET ADDRESS 4405 CYPRESS LANE STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GREGG, JR NAME STREET ADORESS 2023 CANAL STREET STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33901 CITY-ST-ZIP ITTLE ☐ Detete TITI F D XX Change ☐ Addition MUCHLER, CARRIE NAME NAME STREET ADDRESS 1911 NE 28TH ST. STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33909 CITY-ST-ZIP TITLE ☐ Delete TITLE P XX Change ☐ Addition NAME RUDD, SUE NAME STREET ADORESS 1818 NE 28TH ST STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33909 CITY-ST-ZIP MILE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-72P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

SECRETARY / TREAS 4-7-06 2 239-751-2403

R OR DIRECTOR Date Destroe Proces

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