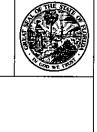
2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 709651

1. Entity Name

OPTIMIST CLUB OF FORT MYERS, FLORIDA, INC.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90167 010 ****61.25

						🚤	WE 32	Ì				
Principal Pla	ice of Business	ailing Address				1						
P.O. BOX 7317 FT MYERS FL 33911				30X 7317 (ERS FL 33911					i			
2. Principal	Place of Busine	288	3 Ma	ailing Address								
G. IV												
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			4. FEI Number 59-6144898				Applied For Not Applicable	
Zip Country			Z	Zip		Country		5. Certificate of Status Desired S8.75 Fee Requ				ditional d
	6. Name	and Address of Current	Register	ed Agent				7. Name and Ad	tress of New Re			
			- -·	eran e la la		Name .	- 		~ <u> </u>			
FASSETT, JOHN B 1040 N TOWN & RIVER DR						Street Address (P.O. Box Number is Not Acceptable)						
FT MYERS FL 33907											T =:- 0.4	
•						City				FL	Zip Cod	е
the obliga SIGNATURE	ations of registe	submits this statement for red agent.									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	und docopi
	Signature, typed o	printed name of registered agent	t and title if ap	plicable. (NOTE	: Registered	Agent signa	ture required	when reinstating)		DATE		
	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						•				
FILE NOW: FEE IS \$61.25				9. Election Carr Trust Fund C			\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State				
10.		. OFFICERS AND DI	RECTORS	<u></u>	11.		А	DDITIONS/CHANG	I ES TO OFFICER	S AND DIR	ECTORS IN	10
TITLE	1			☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS	FASSETT, J				NAME							
CITY-ST-ZIP	FT MYERS	WN & RIVER				T ADDRESS ST-ZIP	İ					
TITLE	STD			☐ Delete	TITLE						☐ Change	☐ Addition
NAME	PARKER, HA	AROLD		Boloto	NAME						Onango	
STREET ADDRESS	4405 CYPR	ESS LANE			STREE	T ADDRESS	-			•		
CITY-ST-ZIP	FT. MYERS	FL			CITY-	ST-ZIP						
TITLE	P D			☐ Delete	TITLE		PD				Change	X Addition
Name Street address	GREGG, J F 2023 CANA				NAME STREE	T ADDRESS						
CITY-ST-ZIP	FT MYERS					ST-ZIP	}					
TITLE	-PD	L 00301		☐ Delete	TITLE		Р				Change	Addition
NAME	MUCHLER,	CARRIE		_ belete	NAME		•			•	L Onlings	☐ Addition
STREET ADDRESS	1911 NE 28	th St.		•	STREE	T ADDRESS						
CITY-ST-ZIP	CAPE CORA	L FL 33909			CITY-	ST-ZIP						
TITLE				☐ Delete	TITLE		P				Change	★ Addition
NAME STREET ADDRESS	ľ				NAME		RUDD,					
CITY-ST-ZIP						T ADDRESS ST-ZIP		NE 28TH ST				
TITLE				☐ Delete	TITLE		CAPE	CORAL, FL	33909		T Change	Addition
NAME	}	•		- Delete	NAME					ı	Change	Addition
STREET ADDRESS	1					T ADDRESS						
CITY-ST-ZIP	1				CITY-S							
10 16 1	416 11 1 12 1			**					**********			

I hereby certify that the information supplied with this filling 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: \(\)