

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01793 (1)

1. Corporation Name

OPTIMIST CLUB OF CAPE CORAL, INC.



Principal Place of Business

1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

Mailing Address

209 SE 10TH TERRACE
CAPE CORAL FL 33990-1583
US3. Date Incorporated or Qualified
03/06/19843a. Date of Last Report
03/13/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 P.O. Box 1566 Suite, Apt #, etc.

27 City & State

28 Cape Coral Florida 29 Zip 30 USA

4. FEI Number

23-7093958

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

STRUM, E. CLAUDE
2115 SE 25TH LANE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name Joseph Povisil

82 Street Address (R.O. Box Number is Not Acceptable)
2832 SE 18th Ave

83

84 City Cape Coral

FL

85 Zip Code 33904

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 PE ☒ DELETE
NAME POVISIL JOSEPH
STREET ADDRESS 2832 SE 18TH AVENUE
CITY-ST-ZIP CAPE CORAL FL 33904TITLE D ☐ DELETE
NAME VALENTE, JOSEPH
STREET ADDRESS 207 SE 43RD LANE
CITY-ST-ZIP CAPE CORAL FL 33904TITLE D ☐ DELETE
NAME DELORENZO, FRANK
STREET ADDRESS 240 SE 6TH STREET
CITY-ST-ZIP CAPE CORAL FL 33990TITLE D ☐ DELETE
NAME KOHL, PAUL
STREET ADDRESS 3720 SE 17TH PLACE
CITY-ST-ZIP CAPE CORAL FLTITLE D ☒ DELETE
NAME DOLIN, NORM
STREET ADDRESS 2538 SW 27TH PL
CITY-ST-ZIP CAPE CORAL FLTITLE ST ☐ DELETE
NAME SALZMAN, HARRY B
STREET ADDRESS 5306 SKYLINE BLVD
CITY-ST-ZIP CAPE CORAL FL 33914

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.P. ☒ Change ☐ Addition
1.2 NAME CLAUDE STURM
1.3 STREET ADDRESS 2115 SE 25th Lane
1.4 CITY-ST-ZIP Cape Coral FL 339042.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE V.P. ☒ Change ☐ Addition
5.2 NAME John Krogulski
5.3 STREET ADDRESS 3404 SE 22nd Ave
5.4 CITY-ST-ZIP Cape Coral FL 339046.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

Harry B. Salzman S/T
941 945-2350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068312

CR2E037 (9/96)