


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90114 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N01793					
1. Corporation Name OPTIMIST CLUB OF CAPE CORAL, INC.					
Principal Place of Business 1714 CAPE CORAL PARKWAY CAPE CORAL FL 33904			Mailing Address PO BOX 1566 CAPE CORAL FL 33910 US		



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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/06/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7093958	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DELORENZO, FRANK 240 S.E. 6TH STREET CAPE CORAL FL 33990				81 Name			
				Joseph Valente			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				207 SE 43rd Lane			
				83 City			
				Cape Coral, FL			
				84 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: *Joseph Valente* **Joseph Valente** DATE: **January 2, 1999**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE: P <input type="checkbox"/> DELETE NAME: POUISIL, JOSEPH STREET ADDRESS: 2832 S.E. 18 AVE CITY-ST-ZIP: CAPE CORAL FL 33904				1.1 TITLE: VP <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: Pouisil Joseph 1.3 STREET ADDRESS: 2382 S.E. 18th Ave 1.4 CITY-ST-ZIP: Cape Coral FL 33904			
TITLE: D <input checked="" type="checkbox"/> DELETE NAME: VALENTE, JOSEPH STREET ADDRESS: 207 SE 43RD LANE CITY-ST-ZIP: CAPE CORAL FL 33904				2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: XXXXXXXXXX 2.3 STREET ADDRESS: XXXXXXXXXX 2.4 CITY-ST-ZIP: 240 SE 6th St			
TITLE: D <input checked="" type="checkbox"/> DELETE NAME: HART, GERALD STREET ADDRESS: 1414 N.W. 2ND ST CITY-ST-ZIP: CAPE CORAL FL 33990				3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE: D <input type="checkbox"/> DELETE NAME: KOHL, PAUL STREET ADDRESS: 3720 SE 17TH PLACE CITY-ST-ZIP: CAPE CORAL FL				4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE: VP <input type="checkbox"/> DELETE NAME: KROGULSKI, JOHN STREET ADDRESS: 3404 SE 22 AVE CITY-ST-ZIP: CAPE CORAL FL				5.1 TITLE: VP <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: Sturm Claude 5.3 STREET ADDRESS: 2115 SE 25th Lane 5.4 CITY-ST-ZIP: Cape Coral FL 33904			
TITLE: ST <input type="checkbox"/> DELETE NAME: FIRMES, JOHN STREET ADDRESS: 1310 S.E. 44 TERR CITY-ST-ZIP: CAPE CORAL FL 33904				6.1 TITLE: S#T <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: Salzman Harry 6.3 STREET ADDRESS: 5306 Skyline Blvd 6.4 CITY-ST-ZIP: Cape Coral FL 33914			

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: *HARRY B. SALZMAN* **HARRY B. SALZMAN** DATE: **1/8/99** (941) 945-2350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)