


DOCUMENT # N01793						Secretary of State	
1. Entity Name OPTIMIST CLUB OF CAPE CORAL, INC.						01-23-2004 90046 009 ****61.25	
Principal Place of Business 5306 SKYLINE BLVD CAPE CORAL, FL 33914				Mailing Address PO BOX 101556 CAPE CORAL, FL 33914 US			
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 23-7093958				Applied For Not Applicable		01182004 Chg-NP CR2E037 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SHIVELY, KENNETH 4941 EDITH ESPLANIDE CAPE CORAL, FL 33904				Name John McCullough Street Address (P.O. Box Number is Not Acceptable) 1912 SE 9th Terrace Cape Coral City Cape Coral FL Zip Code 33990			
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 John McCullough Signature, typed or printed name of registered agent and title if applicable.				John McCullough Jan 19, 2004 (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$81.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE VP <input type="checkbox"/> Delete NAME KHOL, PAUL STREET ADDRESS 5306 SKYLINE BLVD CITY-ST-ZIP CAPE CORAL, FL 33914				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE ST <input type="checkbox"/> Delete NAME MCCOULLOUGH, JOHN STREET ADDRESS 1912 SE 9TH TERR CITY-ST-ZIP CAPE CORAL, FL 33990				TITLE ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Harry B. Salzman STREET ADDRESS 5306 Skyline Blvd CITY-ST-ZIP Cape Coral FL 33914			
TITLE D <input type="checkbox"/> Delete NAME KEROGULSKI, JACK STREET ADDRESS 3720 SE 17TH PLACE CITY-ST-ZIP CAPE CORAL, FL				TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Jack Krogulski STREET ADDRESS 3720 SE 17th place CITY-ST-ZIP Cape Coral FL 33904			
TITLE D <input type="checkbox"/> Delete NAME MARILYN, MCGEE STREET ADDRESS 240 SE 6TH STREET CITY-ST-ZIP CAPE CORAL, FL 33990				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: Harry B Salzman Harry B. Salzman 1/19/04 239445-2390 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							