


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N01793 1. Entity Name OPTIMIST CLUB OF CAPE CORAL, INC.	
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Principal Place of Business 5306 SKYLINE BLVD CAPE CORAL, FL 33914	Mailing Address 5306 SKYLINE BLVD CAPE CORAL, FL 33914 US
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DO NOT WRITE IN THIS SPACE



01122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7093958	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SALZMAN, HARRY B 5306 SKYLINE BLVD CAPE CORAL, FL 33914
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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 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KHOL, PAUL 5306 SKYLINE BLVD CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCULLOUGH, JOHN 1912 SE 9TH TERR CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KROGULSKI, JACK 3720 SE 17TH PLACE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, PRIMUS 1409 SW 18TH TERR CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/08-80025-005 61.25

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Harry B. Salzman* *1/15/08 239 945-2350*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #