

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000160

FILED
Apr 11, 2007
Secretary of State

Entity Name: OPTIMIST CLUB OF LEE COUNTY, INC

Current Principal Place of Business:

1112 SE 47TH TERR
SUITE D
CAPE CORAL, FL 33904

New Principal Place of Business:

1515 HANCOCK BRIDGE PKWY
CAPE CORAL, FL 33990

Current Mailing Address:

P.O. BOX 100478
CAPE CORAL, FL 33910

New Mailing Address:

1515 HANCOCK BRIDGE PKWY
CAPE CORAL, FL 33990

FEI Number: 91-2165606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, GARY
1112 SE 47TH TERR
SUITE D
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

BAKER, GARY
1515 HANCOCK BRIDGE PKWY
CAPE CORAL, FL 33990 US

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.

SIGNATURE:

04/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZUZIAK, GERRY
Address: 340 SANTANDER
City-St-Zip: PUNTA GORDA, FL 33950

Title: T () Delete
Name: BAKER, GARY
Address: P.O. BOX 100478
City-St-Zip: CAPE CORAL, FL 33910

Title: D () Delete
Name: GRUDIN, MITCH
Address: P.O. BOX 100478
City-St-Zip: CAPE CORAL, FL 33910

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BAKER, GARY
Address: 1515 HANCOCK BRIDGE PKWY
City-St-Zip: CAPE CORAL, FL 33990

Title: D (X) Change () Addition
Name: GRUDIN, MITCH
Address: 1515 HANCOCK BRIDGE PKWY
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY BAKER

T

04/11/2007

Electronic Signature of Signing Officer or Director

Date