

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18196

FILED
Apr 28, 2005
Secretary of State

Entity Name: OPTIMIST CLUB OF NAPLES FOUNDATION, INC.

Current Principal Place of Business:

559 NEAPOLITAN WAY
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

559 NEAPOLITAN WAY
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-2773208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASP INC.
3001 TAMIAMI TRAIL NORTH
4TH FLOOR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOLB, DONALD H
Address: 559 NEAPOLITAN WAY
City-St-Zip: NAPLES, FL 34103

Title: VD () Delete
Name: RAUSCHENBERGER, THOMAS
Address: 10470 WINDSOR WAY
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: ERDMAN, CAROLYN
Address: 1228 IMPERIAL DRIVE
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: GAINES, DAVID
Address: 151 FORESTWOOD DRIVE
City-St-Zip: NAPLES, FL 34110

Title: DST () Delete
Name: WYSS, THOMAS
Address: 4380 MISTLETHRUSH LANE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONALD H. KOLB

PD

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date