

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N18196

FILED
May 23, 2008
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:

336 MEL JEN DR
NAPLES, FL 34105

Current Mailing Address:

559 NEAPOLITAN WAY
NAPLES, FL 34103

New Mailing Address:

336 MEL JEN DR
NAPLES, FL 34105

FEI Number: 59-2773208 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

OREILLY, NEIL
336 MEL JEN DR
NAPLES, FL 34105 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: NEIL OREILLY

05/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: O'REILLY, NEIL
Address: 336 MEL-JEN DR
City-St-Zip: NAPLES, FL 34105

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

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:

I hereby certify that the information supplied with this filing does not qualify 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: NEIL OREILLY

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05/23/2008

Electronic Signature of Signing Officer or Director

Date