

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21340** (7)
1. Corporation Name
OPTIMIST CLUB OF SAN CARLOS PARK FLORIDA, INC.



Principal Place of Business
**P.O. BOX 1141
ESTERO FL 33928**

Mailing Address
**P.O. BOX 1141
ESTERO FL 33928**

3. Date Incorporated or Qualified **06/26/1987** 3a. Date of Last Report **01/20/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2784313	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent

**SISSON, LOUIS F. III
6313 CORPORATE COURT
SUITE D
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name
PAUL G. STATHAM
82 Street Address (P.O. Box Number is Not Acceptable)
18484 TAMPA RD SE.
83 RT 11
84 City
FT MYERS **FL** **85 Zip Code**
33912

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Paul G. Statham* S/T/D **PAUL G. STATHAM** 11/17/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HUGHES, STEPHEN 7409 PEBBLE BCH RD FT MYERS FL	1.1 TITLE	VD FRED HERTOG 18549 WINTER HAVEN RD FT MYERS FL 33912
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD BAXLEY, RED 18540 BARTOW RD FT MYERS FL	2.1 TITLE	PD BAXLEY TED 18540 BARTOW RD FT MYERS, FL 33912
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD GERBERICH, DON 18048 CYPRESS PT RD FT MYERS FL	3.1 TITLE	VD LEETH, DWAYNE 18219 CONSTITUTION CIR FT MYERS, FL 33912
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	STD STATHAM, PAUL G 18484 TAMPA RD FT MYERS FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD STATHAM, PAUL 18484 TAMPA RD FT MYERS FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul G. Statham* **PAUL G. STATHAM** 11/17/96 941-2671140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR S/T/D Date Daytime Phone #

CR2E037 (12/95)