2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N21340

Entity Name: OPTIMIST CLUB OF SAN CARLOS PARK FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 1141
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1141
ESTERO, FL 33928

New Mailing Address:

FEI Number: 59-2784313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEACAT, GARY D
20600 CHARING CROSS CIRCLE
ESTERO, FL 33928 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:	D	( ) Delete
Name:	HERTOG, FRED	
Address:	11392 LAKE CYPRESS LOOP.	
City-St-Zip:	FT. MYERS, FL 33913	
Title:	D	( ) Delete
Name:	BAKER, JOHN	
Address:	8128 CYPRESS DR. S.	
City-St-Zip:	FT. MYERS, FL 33912	
Title:	VP	( ) Delete
Name:	STATHAM, LORRAINE	
Address:	18484 TAMPA RD	
City-St-Zip:	FT MYERS, FL 33912	
Title:	VP	( ) Delete
Name:	REWITZER, GENE	
Address:	8285 BAHAMAS RD	
City-St-Zip:	FT MYERS, FL 33912	
Title:	S/T	( ) Delete
Name:	SEACAT, GARY	
Address:	20600 CHARING CROSS RD.	
City-St-Zip:	ESTERO, FL 33928	
Title:	P	( ) Delete
Name:	ROKA, FRITZ	
Address:	9220 NORTHBROOK CT.	
City-St-Zip:	FT. MYERS, FL 33912	

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:	
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 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 SEACAT S/T 04/28/2006

Electronic Signature of Signing Officer or Director — Date