

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 # **N31965** (9)

1. Corporation Name

SUNSET OPTIMIST YOUTH FOUNDATION, INC.

Principal Place of Business

C/O W.S. "BUD" WILHELM
233 MANGO DRIVE
NAPLES FL 33962

Mailing Address

C/O W.S. "BUD" WILHELM
233 MANGO DRIVE
NAPLES FL 33962



3. Date Incorporated or Qualified
04/26/1989

3a. Date of Last Report
01/25/1995

4. FEI Number
65-0130378

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 **2150 Gulf Shore Blvd N**

Suite, Apt. #, etc.

22 **# 501**

City & State

23 **Naples, FL**

Zip

24 **33940**

Country

25 **US**

2a. Mailing Address

26 **2150 Gulf Shore Blvd N**

Suite, Apt. #, etc.

27 **# 501**

City & State

28 **Naples, FL**

Zip

29 **33940**

Country

30 **USA**

9. Name and Address of Current Registered Agent

WILHELM, W.S. "BUD"
233 MANGO DRIVE
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name
Jeffery Hughes
82 Street Address (P.O. Box Number is Not Acceptable)
3001 49th Street SW
83
84 City
Naples, FL

85 Zip Code
FL 33999

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

Jeffery Hughes

Jeffery Hughes

4-12-96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D WILHELM, W.S. "BUD" ☒ DELETE
233 MANGO DR.
NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D HUGHES, JEFF ☐ DELETE
3001 49 STE SW
NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P D HEAMAN, JOHN ☐ DELETE
1074 HOLLYGATE LN
NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D RHODE, JANET E. ☒ DELETE
3196 54TH AVE. S.W.
NAPLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D LIEDTEFELD, IRENE ☒ DELETE
653 CORAL DR
NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D Jerry Shelton ☐ Change ☒ Addition
755 102 Ave N
Naples, FL 33963

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition
800001828498
-05/20/96--01027--035
*****\$1.25**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

John Heaman

John Heaman

4-12-96

941-262-7087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)