

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90032 020 ****61.25

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DOCUMENT # N38225

1. Corporation Name

OPTIMIST CLUB OF BONITA SPRINGS, INC.

Principal Place of Business

27233 JOLLY ROGER LN.
BONITA SPRINGS FL 33923
US

Mailing Address

27233 JOLLY ROGER LN.
BONITA SPRINGS FL 33923
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/18/1990

4. FEI Number

65-0182128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

NORRIS JOYCE S
27233 JOLLY ROGER LN
BONITA SPRINGS FL 34213

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

34135

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
GLENN VAN RIPER
STREET ADDRESS **25482 COCKLESHELL ROAD APT. 1106**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ DELETE

NAME **STD**
JOYCE S NORRIS
STREET ADDRESS **27233 JOLLY ROGER LN**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ DELETE

NAME **D**
CORBIN, STEVE
STREET ADDRESS **11811 IMPERIAL PINES WAY**
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

TITLE ☐ DELETE

NAME **D**
SHIELDS, FRANK
STREET ADDRESS **27431 POLLARD DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

TITLE ☐ DELETE

NAME **D**
SHIELDS, BERNICE
STREET ADDRESS **27431 POLLARD DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

TITLE ☐ DELETE

NAME **D**
JOE WESLEY NORRIS
STREET ADDRESS **27233 JOLLY ROGER LN**
CITY-ST-ZIP **BONITA SPRINGS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Paul Pass**
1.3 STREET ADDRESS **10541 Ankeny Ln.**
1.4 CITY-ST-ZIP **Bonita Springs, Fl. 34135**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **D**
Joyce S. Norris
2.3 STREET ADDRESS **27233 Jolly Roger Ln.**
2.4 CITY-ST-ZIP **Bonita Springs, Fl. 34135**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **STD**
Steve Corbin
3.3 STREET ADDRESS **11811 Imperial Pines Way**
3.4 CITY-ST-ZIP **Bonita Springs, Fl. 34135**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-99

(941) 992-6481

CR2E037 (11/98)