2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# N38225

Entity Name: OPTIMIST CLUB OF BONITA SPRINGS, INC.

Current Principal Place of Business:

11811 IMPERIAL PINES WAY
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

11811 IMPERIAL PINES WAY
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 65-0182128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORBIN, STEVE M
11811 IMPERIAL PINES WAY
BONITA SPRINGS, FL 34135 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: P ( ) Delete
Name: CORBIN, STEPHANIE
Address: 11811 IMPERIAL PINES WAY
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: JOYCE S NORRIS,
Address: 27233 JOLLY ROGER LN
City-St-Zip: BONITA SPRINGS, FL 34135

Title: STD ( ) Delete
Name: CORBIN, STEVE
Address: 11811 IMPERIAL PINES WAY
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: SHIELDS, FRANK
Address: 27431 POLLARD DRIVE
City-St-Zip: BONITA SPRINGS, FL 33923

Title: D ( ) Delete
Name: SHIELDS, BERNICE
Address: 27431 POLLARD DRIVE
City-St-Zip: BONITA SPRINGS, FL 33923

Title: D (X) Delete
Name: JOE WESLEY NORRIS,
Address: 27233 JOLLY ROGER LN
City-St-Zip: BONITA SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MORRIS, BETH
Address: 27233 JOLLY ROGER LN
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D (X) Change ( ) Addition
Name: WES NORRIS,
Address: 27233 JOLLY ROGER LN
City-St-Zip: BONITA SPRINGS, FL 34135

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 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: STEVE CORBIN STD 04/25/2007

Electronic Signature of Signing Officer or Director — Date