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Apr 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39175 (7)

1. Corporation Name

THE CITY OF PALMS OPTIMISTS, INC.

Principal Place of Business

P.O. BOX 7654
FORT MYERS FL 33911

Mailing Address

P.O. BOX 7654
FORT MYERS FL 33911-76543. Date Incorporated or Qualified
07/20/19903a. Date of Last Report
01/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

65-0213057

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVENS, DOUGLAS C JR
1944 S.E. 8TH AVENUE
CAPE CAROL FL 33990

81 Name

PLACE, CARIE S.

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

5329 Summerlin Rd. #5

83

84 City

Ft. Myers

FL

85 Zip Code
33919

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

Carie S. Place

(NOTE: Registered Agent signature required when reinstating)

DATE
3/1/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETENAME STEVENS, DOUGLAS C JR
STREET ADDRESS 1944 S.E. 8TH AVENUE
CITY-ST-ZIP CAPE CORAL FL 33990TITLE ST ☐ DELETENAME PETRY, SHIRLEY
STREET ADDRESS 112 LOUIS AVENUE
CITY-ST-ZIP LEHIGH ACRES FL 33938TITLE VD ☐ DELETENAME ZIMMERMAN, ERNEST
STREET ADDRESS 19019 S.E. COCONUT ROAD
CITY-ST-ZIP FT MYERS FL 33912TITLE VD ☐ DELETENAME MACKERETH, EILEEN
STREET ADDRESS 1717 S.E. 15TH STREET
CITY-ST-ZIP CAPE CAROL FL 33990TITLE D ☐ DELETENAME BYER, PAUL
STREET ADDRESS 6054 MACBETH LANE S.W.
CITY-ST-ZIP FORT MYERS FL 33908TITLE D ☐ DELETENAME MOHR, LILLIAN F
STREET ADDRESS 7400 COLLEGE PARKWAY
CITY-ST-ZIP FT MYERS FL 33907

1.1 TITLE P

1.2 NAME Zimmerman, Ernest
1.3 STREET ADDRESS 19019 S.E. Coconut Rd.
1.4 CITY-ST-ZIP Ft. Myers, FL 33912

2.1 TITLE ST

2.2 NAME PLACE, CARIE S.
2.3 STREET ADDRESS 5329 Summerlin Rd. #5
2.4 CITY-ST-ZIP Fort Myers, FL 33919

3.1 TITLE VD

3.2 NAME Byer, Paul
3.3 STREET ADDRESS 6054 Macbeth Lane S.W.
3.4 CITY-ST-ZIP Fort Myers, FL 33908

4.1 TITLE VD

4.2 NAME MOHR, WILLARD
4.3 STREET ADDRESS 2101 Burton Ave.
4.4 CITY-ST-ZIP FL MYERS, FL 33907

5.1 TITLE D

5.2 NAME MOHR, LILLIAN F.
5.3 STREET ADDRESS 7400 College Parkway
5.4 CITY-ST-ZIP Fort Myers, FL 33907

6.1 TITLE D

6.2 NAME MALLOY, Pam
6.3 STREET ADDRESS 17150-12 RAVENS ROOST
6.4 CITY-ST-ZIP FT MYERS, FL 33908

14. I do 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.

SIGNATURE

Carie S. Place
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0056581

CR2E037 (9/96)