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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39175** (7)

1. Corporation Name

THE CITY OF PALMS OPTIMISTS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 7654
FORT MYERS FL 33911

P.O. BOX 7654
FORT MYERS FL 33911



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

07/20/1990

4. FEI Number

65-0213057

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PLACE, CARRIE S
5329 SUMMERLIN RD
5
FT MYERS FL 33919**

81 Name

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

83

84 City

FL

85 Zip Code

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	ST <input type="checkbox"/> DELETE
NAME	PLACE, CARRIE S
STREET ADDRESS	5329 SUMMERLIN RD, 5
CITY-ST-ZIP	FT MYERS FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	MOHR, WILLARD
STREET ADDRESS	2101 BURTON AVE
CITY-ST-ZIP	FT MYERS FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	ZIMMERMAN, ERNEST
STREET ADDRESS	19019 S.E. COCONUT ROAD
CITY-ST-ZIP	FT MYERS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MALOY, PAM
STREET ADDRESS	17150 12 RAVENS ROOST
CITY-ST-ZIP	FT MYERS FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	BYER, PAUL
STREET ADDRESS	6054 MACBETH LANE S.W.
CITY-ST-ZIP	FORT MYERS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MOHR, LILLIAN F
STREET ADDRESS	7400 COLLEGE PARKWAY
CITY-ST-ZIP	FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VICE - PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Griffen, Judith
1.3 STREET ADDRESS	1712 S.E. 40th TERRACE
1.4 CITY-ST-ZIP	CAPE CORAL, FL. 33904
2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HARPER, MICHAEL
2.3 STREET ADDRESS	18542 Quince Rd.
2.4 CITY-ST-ZIP	Ft. Myers, FL. 33912-
3.1 TITLE	PLACE, Carrie <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	5329 Summerlin Rd #5
3.3 STREET ADDRESS	Ft Myers, FL. 33919
3.4 CITY-ST-ZIP	D
4.1 TITLE	MOHR, WILLARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	2101 Burton Ave
4.3 STREET ADDRESS	D
4.4 CITY-ST-ZIP	Ft. Myers, FL.
5.1 TITLE	MALOY, PAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	325 S.E. 6th Terrace
5.3 STREET ADDRESS	S/T
5.4 CITY-ST-ZIP	Cape Coral, FL. 33990
6.1 TITLE	MOHR, LILLIAN F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	7400 College Pkwy
6.3 STREET ADDRESS	V/P
6.4 CITY-ST-ZIP	Ft. Myers, FL.

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.

SIGNATURE: 

1/14/98

CR2E037 (10/97)