


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90005 009 ****61.25

0060362

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N39175					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/20/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0213057	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

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 NORMAN L. MOHR			
				82 Street Address (P.O. Box Number is Not Acceptable) 7400 COLLEGE PARKWAY			
				83			
				84 City FORT MYERS FL			
				85 Zip Code 33907			

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]* (NOT Registered Agent signature required when reinstating) DATE: 4-25-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PLACE, CARRIE S			1.2 NAME			
STREET ADDRESS	5329 SUMMERLIN RD, 5			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MOHR, WILLARD			2.2 NAME			
STREET ADDRESS	2101 BURTON AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			2.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRIFFIN, JUDITH			3.2 NAME			
STREET ADDRESS	1712 SE 40TH TERRACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33904			3.4 CITY-ST-ZIP			
TITLE	ST	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MALLOY, PAM			4.2 NAME			
STREET ADDRESS	17150 12 RAVENS ROOST			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			4.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HARPER, MICHAEL			5.2 NAME			
STREET ADDRESS	18542 QUINCE RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL 33904			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MOHR, LILLIAN F			6.2 NAME			
STREET ADDRESS	7400 COLLEGE PARKWAY			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			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]* DATE: 4-25-99 (941) 936-8898

CR2E037 (11/98)