Applied For

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

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

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3. Date Incorporated or Qualifed

07/20/1990

4. FEI Number

DOCUI	MENT	# N	N391	75
		•	100 1	

1. Corporation Name

2. Principal Place of Business

21

THE CITY OF PALMS OPTIMISTS, INC.					
Principal Place of Business	Mailing Address				
P.O. BOX 7854 FORT MYERS FL 33911	P.O. BOX 7654 FORT MYERS FL 33911				

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2a. Mailing Address

Suite, Apt. #, etc.

FORT MYERS FL 33911	FORT MYERS FL 33911	

Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_			FEI Number		App	lied For
22		27				(65-02 [,] 1 <u>30</u> 57		Not	Applicable
City & S:at	e	City & State				5.0	Certificate of Status Des	sired	\$8.75 Ac	
23		28				J. (Sertificate of Status Des	31.60 C	Fee Req	uired
Zip	Country	Zip	Cou	untry		6. E	Election Campaign Fina	ancing	\$5.00 h	1ay Be
24	25	29	30			1	Trust Fund Contribution	<u> </u>	Added to	Fees
	9. Name and Address of Current	Registered Agent		<u> </u>		10. 1	Name and Address of	f New Registered	Agent	
				81	Name	101.	MEN L.	MASSIE	L	
PLACE, CA	ARRIE S			82	Street Ac	dress (P.0	O. Box Number is Not	Acceptable)		
	IMERLIN RD				740	90	KOILEGE	(Kee-1	6413	
5				83		•				
FT MYERS	S FL 33919			84	Cibr				es Zin C	nde
7	7 2 000 10			044	FO	AT	MYEKS	Fl	_ 3 3 3°	やフ
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	tes, the a	ahove-i	named cc	moration .	submits this statement	for the purpose o	f changing its r	egistered
office crn	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was a ons of, Section 617,0503, Flo	autnorizeo orida Stat	a by tr tutes.	ie corpora	ition's boa	ard of cirectors, I nereb	y accept the apt of	intinent as regi	Stered
•	Il dell	ah -						4.25	-82	
SIGNATURE	Signator, typed or printed name of registered agent a	and title if applicable (NOT	: Registered	d Agent s	ignature requ	ired when reii		DATE		
12.	U OFFICERS AND	DIRECTORS	13.			Αl	DDITIONS/CHANGES	TO OFFICERS A		
TITLE	D	☐ DEFELE	1.1 TI	ITLE					Change	☐ Addition
NAME	PLACE, CARRIE S		1.2 N	AME		DAD	AV 7154			
STREET ADDRESS	-5929 SUMMERLIN RD, 5		1.3 S	TREET A	DORESS 4	7073	OX 7654	A	16	
CITY-ST-ZIP	F T-MYERS -FL		1.4 C	ITY-ST-	ZIP .	POR	T MUTER	>, FL 37	411	
TITLE	D	☐ DELETE	2.1 TI	ITLE				•	☐ Change	☐ Addition
NAME	MOHR, WILLARD		2.2 N	IAME						
STREET ADDRESS	2101-BURTON AVE		2.3 \$	TREET A	DDRESS					
CITY-ST-ZIP	FT MYERS FL		2.40	CITY-ST-						
TITLE	VP	DELETE	3.1 1	ITLE		1 P	AS STEVE	WS TA	Change	☐ Addition
NAME	GRIFFIN, JUDITH		3.2 N	AME	•	15111	PORT OF	IONA RU), ** (3) XX4	
STREET ADDRESS	1712 SE 40TH TERRACE		3.3 \$	TREET A	DORESS	<i></i>	- Mirees,	c/ 374	FO.7	
CITY-ST-ZIP	CAPE CORAL FL 33904		3.4. 0	CITY-ST-	ZIP	POKI	mees,	16 33		
TITLE	ST	🔀 DELETE	4.1 ∏	ITLE	-	5/7		12:40	Change	Addition
NAME	MALOY, PAM		4.21	NAME	1	10/2/	MAN L. MO COULEGE !	2010 or 640	3	
STREET ADDRESS	17150 12 RAVENS ROOST		4.3 S	TREETA	ODRESS 4	400	Marie	11 7780	7	
CITY-ST-ZIP	FT MYERS FL		4.4_C	HTY-ST-	ZIP /	OAT	MOYERS, F	C 3370	/	
TITLE	P	DELETE	5.1 Ti		1	S ILICE	2 7 S/H	AFFER	⊈ Change	☐ Addition
NAME	HARPER, MICHAEL		5.2 N		1	7616 E 2501		BLUD.		
STREET ADDRESS	18542 QUINCE RD		5.3 S	TREETA	DDRESS	7	- Missau	11 3:20	Z/2/	
CITY-ST-ZIP	FT MYERS FL 33904			my-st-	ZIP (POLT	- Muees,	PL 17		
TITLE	VP	☐ DELETE	6 1 TI	ITLE		P	و نمیم	,	Change	Addition
NAME	Mohr, Lillian F		6.2 N	IAME	r	MOHR	L, HILLIAN LGUEGE P	ان المراديد المراديد والمراديد والمراديد والمراديد المراديد المراديد المراديد المراديد المراديد المراديد المرا	2	
STREET ADDRESS	7400 COLLEGE PARKWAY		6.3 S	TREETA	DDRESS 😘	1400	COULEGET	LLET 6413	,	

LITY-ST-ZIP | T1 MYERS FL | 64 CITY-ST-ZIP | FOAT MYERS FL | 3.7907 |

14. I herety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0; (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.