

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90047 038 ****61.25

DOCUMENT # N39175

1. Entity 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

NORMAN L. MOHR
CITY OF PALMS OPTIMIST
Suite, Apt. #, etc.
336 BOTTLE BRICK AVE S.W.

3. Mailing Address

SAME AS #2
Suite, Apt. #, etc.

City & State

LA BELLE FL

City & State

Zip

33935

Country

U.S.

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0213057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MOHR, NORMAN L.
9400 COLLEGE DRIVE 64B
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *NORMAN L. MOHR*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

3-29-2006

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STEVENS, BETTY
STREET ADDRESS 2944 MCGREGOR
CITY- ST- ZIP FORT MYERS FL 33901

TITLE ☐ Delete
NAME D
MOHR, WILLARD
STREET ADDRESS 2101 BURTON AVE
CITY- ST- ZIP FT MYERS FL

TITLE ☐ Delete
NAME VP
STEVENS, DOUGLAS JR
STREET ADDRESS 15110 PORT OF IONA RD
CITY- ST- ZIP FT MYERS FL 33907

TITLE ☐ Delete
NAME ST
MOHR, NORMAN L
STREET ADDRESS 7400 COLLEGE PKWY, #643
CITY- ST- ZIP FT MYERS FL 33907

TITLE ☐ Delete
NAME D
FARR, LARRY
STREET ADDRESS 7516 WOODLAND BEND CT
CITY- ST- ZIP FORT MYERS FL 33912

TITLE ☐ Delete
NAME P
MOHR, LILLIAN F
STREET ADDRESS 7400 COLLEGE PARKWAY
CITY- ST- ZIP FT MYERS FL 33907

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *NORMAN L. MOHR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-2006 (863) 675-3155