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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90005 012 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N48190**

1. Corporation Name

**THE OPTIMIST CLUB FOUNDATION OF SAN CARLOS PARK,  
FLORIDA, INC.**

Principal Place of Business

P.O. BOX 1141  
ESTERO FL 33928

Mailing Address

P.O. BOX 1141  
ESTERO FL 33928



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/01/1992

4. FEI Number

65-0325262

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

**STATHAM, PAUL G.  
RT. 11  
18484 TAMPA RD. SE  
FT. MYERS FL 33912**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **STATHAM, PAUL**  
STREET ADDRESS **18484 TAMPA RD**  
CITY-ST-ZIP **FT MYERS FL 33912**

1.1 TITLE **S/T/D** ☒ Change ☐ Addition  
1.2 NAME **STATHAM, PAUL G**  
1.3 STREET ADDRESS **18484 TAMPA RD**  
1.4 CITY-ST-ZIP **FT MYER, 33912**

TITLE **D** ☐ DELETE  
NAME **BAXLEY, TED**  
STREET ADDRESS **18540 BARTOW BLVD**  
CITY-ST-ZIP **FT MYERS FL 33912**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE  
NAME **LEETH, DWAYNE**  
STREET ADDRESS **18219 CONSTITUTION CIRCLE**  
CITY-ST-ZIP **FT MYERS FL 33912**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE  
NAME **HERTOG, FRED**  
STREET ADDRESS **18549 WINTERHAVEN RD**  
CITY-ST-ZIP **FT MYERS FL 33912**

4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME **HERTOG, FRED**  
4.3 STREET ADDRESS **18549 WINTERHAVEN RD**  
4.4 CITY-ST-ZIP **FT MYERS, FL 33912**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE **PD** ☐ Change ☒ Addition  
5.2 NAME **SNEDDON, ROBERT**  
5.3 STREET ADDRESS **15387 BRIAR RIDGE CIR**  
5.4 CITY-ST-ZIP **FT MYERS, FL 33912**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Paul G. Statham* REGISTERED AGENT 2/20/99 941-267-1146  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)