

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51236 (0)

1. Corporation Name

CAPE CORAL OPTIMIST FOUNDATION, INC.



Principal Place of Business

1228 S.E. 24TH ST.
CAPE CORAL FL 33990

Mailing Address

1228 S.E. 24TH ST.
CAPE CORAL FL 33990

3. Date Incorporated or Qualified
10/05/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **1714 Cape Coral Pkwy**
Suite, Apt. #, etc.

26 **2115 SE 25th Lane**
Suite, Apt. #, etc.

4. FEI Number
23-7093952

Applied For
Not Applicable

22 City & State
Cape Coral FL

27 City & State
Cape Coral FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country
33904 USA

28 Zip Country
33904 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PESEK, LADD
1228 S.E. 24TH ST.
CAPE CORAL FL 33990

81 Name **E. Claude Sturm**
82 Street Address (P.O. Box Number is Not Acceptable)
2115 SE 25th Lane
83
84 City **Cape Coral** FL 85 Zip Code **33904**

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	D	<input checked="" type="checkbox"/> DELETE
NAME	PESEK, LADD	
STREET ADDRESS	1228 S.E. 24 ST.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HORNER, WILLIAM F., III	
STREET ADDRESS	1517 S.W. 49 ST.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LADD, STEPHEN M.	
STREET ADDRESS	1497 REYNARD DR.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PRIOA, MICHAEL	
STREET ADDRESS	209 SE 10TH TERR.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Harry B. Salzman	
1.3 STREET ADDRESS	5306 Skyline Blvd	
1.4 CITY-ST-ZIP	Cape Coral FL 33914	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joseph Valente	
2.3 STREET ADDRESS	207 SE 43rd Lane	
2.4 CITY-ST-ZIP	Cape Coral FL 33904	
3.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Frank DeLorenzo	
3.3 STREET ADDRESS	240 SE 6th Street	
3.4 CITY-ST-ZIP	Cape Coral FL 33990	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joseph Pavis, I	
4.3 STREET ADDRESS	2832 SE 42nd 18th Avenue	
4.4 CITY-ST-ZIP	Cape Coral FL 33904	
5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	E. Claude Sturm	
5.3 STREET ADDRESS	2115 SE 25th Lane	
5.4 CITY-ST-ZIP	Cape Coral FL 33904	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Harry B. Salzman** **Harry B. Salzman** 1/22/96 94 945-2350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)