

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N51236 (0)

1. Corporation Name

CAPE CORAL OPTIMIST FOUNDATION, INC.

Principal Place of Business

Mailing Address

1714 CAPE CORAL PKWY  
CAPE CORAL FL 33990  
US

2115 S.E. 25TH LANE  
CAPE CORAL FL 33904-3237  
US



3. Date Incorporated or Qualified  
10/05/1992

3a. Date of Last Report  
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

23-7093952

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

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

STURM, E. CLAUDE  
2115 S.E. 25TH LANE  
CAPE CORAL FL 33904

81 Name

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

83

84 City

FL

85 Zip Code

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 ST  
NAME SALZMAN, HARRY  
STREET ADDRESS 5306 SKYLINE BLVD.  
CITY - ST - ZIP CAPE CORAL FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE D  
NAME VELENTE, JOSEPH  
STREET ADDRESS 207 S.E. 43RD LANE  
CITY - ST - ZIP CAPE CORAL FL

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE D  
NAME DELORENZO, FRANK  
STREET ADDRESS 240 S.E. 6TH ST.  
CITY - ST - ZIP CAPE CORAL FL

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE D  
NAME POVISIL, JOSEPH  
STREET ADDRESS 2832 S.E. 18TH AVE.  
CITY - ST - ZIP CAPE CORAL FL

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE P  
NAME STURM, E. CLAUDE  
STREET ADDRESS 2115 S.E. 25TH LANE  
CITY - ST - ZIP CAPE CORAL FL

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

*Sandra B. Mortham* SECRETARY B. Salzman Secy/Treas 3/4/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-1116

CR2E037 (9/96)