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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US



3. Date Incorporated or Qualified

10/05/1992

4. FEI Number

23-7093952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

#204

2a. Mailing Address

21 3501 Del Prado Blvd

26 2832 18th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Cape Coral FL

27 Cape Coral FL

City & State

City & State

23 Zip

Country

28 33904

USA

24 33904

25 USA

29 Zip

Country

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

Povisil Joseph

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

2832 S.E. 18th Ave

83

Cape Coral FL

FL 85 Zip Code

84 City

FL

85 Zip Code

I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that 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 of registered agent or title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	ST	<input type="checkbox"/> DELETE
STREET ADDRESS	SALZMAN, HARRY	
CITY-ST-ZIP	5306 SKYLINE BLVD. CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VELENTE, JOSEPH	
STREET ADDRESS	207 S.E. 43RD LANE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELORENZO, FRANK	
STREET ADDRESS	240 S.E. 6TH ST.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POVISIL, JOSEPH	
STREET ADDRESS	2832 S.E. 18TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	STURM, E. CLAUDE	
STREET ADDRESS	2115 S.E. 25TH LANE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P
4.3 STREET ADDRESS	Povisil Joseph
4.4 CITY-ST-ZIP	2832 S.E. 18th Ave
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cape Coral Fl.
5.3 STREET ADDRESS	D
5.4 CITY-ST-ZIP	Sturm E. Claude
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	2115 S.E. 25th Lane
6.3 STREET ADDRESS	Cape Coral FL
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.

SIGNATURE:

Harry B. Salzman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1998 9419452350

CR2E037 (10/97)