

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90032 027 ****61.25

DOCUMENT # N51236

1. Entity Name

CAPE CORAL OPTIMIST FOUNDATION, INC.



Principal Place of Business

3501 DEL PRADO BLVD
#204
CAPE CORAL FL 33904
US

Mailing Address

5306 SKYLINE BLVD
CAPE CORAL FL 33914
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7093952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ROGER J
2528 SE 20TH PLACE
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Kenneth Shively

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

4441 E. 1st Esplanade

City

Cape Coral

FL

Zip Code

33904

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

Kenneth Shively

Kenn Shively

Jan 20, 2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	S	Delete
NAME	SALZMAN, HARRY	
STREET ADDRESS	5306 SKYLINE BLVD.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	Delete
NAME	KOHL, PAUL	
STREET ADDRESS	3720 SE 17TH PL	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	Delete
NAME	DELORENZO, FRANK	
STREET ADDRESS	240 SE 6TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	Delete
NAME	MCCULLOUGH, JOHN	
STREET ADDRESS	1912 SE 9TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemption stated in Section 119.07(3)(i), 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: Harry B. Salzman Harry B. Salzman Secretary 1/21/04 239 940-2350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #