

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90084 045 \*\*\*\*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**

**50021556**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072005 Chg-NP CR2E037 (10/03)

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

**SHIVELY, KENNETH  
4941 EDITH ESPLANADE  
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name **McCullough, John**  
Street Address (P.O. Box Number is Not Acceptable)  
**1912 SE 9th Terrace**  
City **Cape Coral** FL Zip Code **33990**

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

**JOHN McCULLOUGH** *John McCullough*

**1-10-05**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V P Krogalski, Jack 3720 SE 17th place Cape Coral FL 33904</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

**1/12/05 239946-2350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone