

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

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



01122008 No Chg-NP

CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

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

SALZMAN, HARRY B
5306 SKYLINE BLVD
CAPE CORAL, FL 33914

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	SALZMAN, HARRY
STREET ADDRESS	5306 SKYLINE BLVD.
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	D
NAME	KOHL, PAUL
STREET ADDRESS	3720 SE 17TH PL
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	KRUGULSKI, JACK
STREET ADDRESS	3340 SE 22ND PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000807184
02/06/08-80070-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Salzman* Harry Salzman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08 239945-2350
Date Daytime Phone #