

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004810 (7)

1. Corporation Name

GULFSHORE OPTIMIST CLUB OF CAPE CORAL, INC.



Principal Place of Business

Mailing Address

1228 SE 24TH STREET
CAPE CORAL FL 33990

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CAPE CORAL FL 33990

3. Date Incorporated or Qualified
09/28/1994

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0513532

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

PESEK, HELEN M
1228 SE 24TH STREET
CAPE CORAL FL 33990

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 D ☒ DELETE
NAME BELLA, KAREN
STREET ADDRESS 5620 SW 14TH PL
CITY-ST-ZIP CAPE CORAL FL 33914

1.1 TITLE D. ☒ Change ☐ Addition
1.2 NAME POISSANT, DORIS
1.3 STREET ADDRESS 1323 SE 25 TERRACE
1.4 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☐ DELETE
NAME GARLOCK, DIANA
STREET ADDRESS 2905 JANET DR
CITY-ST-ZIP N FT. MYERS FL 33903

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HEINRICH, ANNA
STREET ADDRESS 2526 SE 20TH AVE
CITY-ST-ZIP CAPE CORAL FL 33904

3.1 TITLE PRESIDENT ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME PESEK, HELEN M
STREET ADDRESS 1228 SE 24TH STREET
CITY-ST-ZIP CAPE CORAL FL 33990

4.1 TITLE DIRECTOR ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ST ☐ DELETE
NAME PROIA, CINDY L
STREET ADDRESS 209 SE 10TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33990

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME VALENTE, MARILYN
STREET ADDRESS 207 SE 43RD LN
CITY-ST-ZIP CAPE CORAL FL 33904

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME DORVAL, ADELINE
6.3 STREET ADDRESS 1037 SE 18 PLACE
6.4 CITY-ST-ZIP CAPE CORAL FL 33904

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Cindy L. Proia, S/T
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96 481-2233
Date Daytime Phone #

214 217

CP2E037 (12/95)