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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004810

1. Corporation Name

GULFSHORE OPTIMIST CLUB OF CAPE CORAL, INC.

Principal Place of Business

240 SE 6 STREET
CAPE CORAL FL 33990-1541

Mailing Address

240 SE 6 STREET
CAPE CORAL FL 33990-1541



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 30

3. Date Incorporated or Qualified

09/28/1994

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

9. Name and Address of Current Registered Agent

DELORENZO, THELMA
240 SE 6 STREET
CAPE CORAL FL 33990-1541

10. Name and Address of New Registered Agent

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

Thelma DeLorenzo 1-4-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

1-4-99
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME FUTRAL, LINDA
STREET ADDRESS 1417 WINDSOR COURT
CITY-ST-ZIP CAPE CORAL FL 33904-9719

TITLE V ☐ DELETE
NAME PESEK, HELEN
STREET ADDRESS 4240 SE 20 PLACE
CITY-ST-ZIP CAPE CORAL FL 33904-5456

TITLE D ☐ DELETE
NAME HEINRICH, ANNA
STREET ADDRESS 2526 SE 20TH AVE
CITY-ST-ZIP CAPE CORAL FL 33904-3226

TITLE TS ☐ DELETE
NAME DELORENZO, THELMA
STREET ADDRESS 240 SE 6 STREET
CITY-ST-ZIP CAPE CORAL FL 33990-1541

TITLE D ☐ DELETE
NAME DORVAL, ADELINE
STREET ADDRESS 4825 TARPON COURT
CITY-ST-ZIP CAPE CORAL FL 33904-9410

TITLE D ☐ DELETE
NAME SWEET, MARY
STREET ADDRESS 1102 SE 14 STREET
CITY-ST-ZIP CAPE CORAL FL 33990-3765

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Thelma DeLorenzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-99 941-458-0834

CR2E037 (11/98)