

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90064 034 ****61.25

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01092004 Chg-NP CR2E037 (10/03)

DOCUMENT # N94000004810 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0513532				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEINRICH, ANNA 2526 SE 20 AVE CAPE CORAL, FL 23904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARKINSON, COHEEN 623 SE 15 TERR CAPE CORAL, FL 339902206		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEORGE S. HEINRICH 2526 SE 20 AVE CAPE CORAL, FL. 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PESEK, HELEN 4240 SE 20 PLACE CAPE CORAL, FL 339045456		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAURIE PESEK 1213 SE 24 STREET CAPE CORAL FL. 33990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, JUANITA 306 NE-17 PLACE CAPE CORAL, FL 339082206		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELORENZO, THELMA 240 SE 6 STREET CAPE CORAL, FL 339901541		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORVAL, ADELINE 4825 TARPON COURT CAPE CORAL, FL 339049410		TITLE NAME STREET ADDRESS CITY-ST-ZIP	NANCY WILLIAMS 2528 SE 20th AVE CAPE CORAL, FL. 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEET, MARY 1102 SE 14 STREET CAPE CORAL, FL 339903765		TITLE 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: ANNA HEINRICH, TREASURER <i>Anna Heinrich</i> 4/19/04 239-574-1962 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					