

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90078 031 ****61.25

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**

J0010010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0513532**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **ANNA HEINRICH**
Street Address (P.O. Box Number is Not Acceptable)
2526 SE 20 AVE
CAPE CORAL
City **FL** Zip Code **33904**

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 *Anna Heinrich* *Treasurer*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-29-03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing ☐ **\$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 **P** ☐ Delete
NAME **PARKINSON, COHEEN**
STREET ADDRESS **623 SE 15 TERR**
CITY-ST-ZIP **CAPE CORAL FL 33990-2206**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **HEINRICH, ANNA**
STREET ADDRESS **2526 SE 20 AVE**
CITY-ST-ZIP **CAPE CORAL, FL 33904-5450**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MORTON, JUANITA**
STREET ADDRESS **306 NE 17 PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33909-2206**

TITLE **D** ☒ Change ☐ Addition
NAME **NORTON JUANITA**
STREET ADDRESS **306 NE 17 PLACE**
CITY-ST-ZIP **CAPE CORAL, FL 33909-2206**

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

TITLE **SECRETARY** ☒ Change ☐ Addition
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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* *1-29-03* *239-574-1962*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)