

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 10 1997 8:00am  
Secretary of State

DOCUMENT # **N96000004777 (6)**

1. Corporation Name

**CHARLOTTE COUNTY OPTIMIST CLUB, INC.**

Principal Place of Business

**2095 HANBY STREET  
PORT CHARLOTTE FL 33952**

Mailing Address

**C/O MARIA COLUMBIA  
2095 HANBY STREET  
PORT CHARLOTTE FL 33952-4430**



3. Date Incorporated or Qualified  
**09/13/1996**

3a. Date of Last Report  
**1/21/97**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

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

**COLUMBIA, MARIA  
2095 HANBY STREET  
PORT CHARLOTTE FL 33952**

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 **LOGAN, JOE**  
STREET ADDRESS **17940-G TOLEDO BLADE BLVD.**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **NANCY Wilder**  
1.3 STREET ADDRESS **25167 Rosamond CT.**  
1.4 CITY-ST-ZIP **Port Charlotte, FL 33952**

TITLE **D** ☒ DELETE  
NAME **ROSENBAUM, RICHARD**  
STREET ADDRESS **1300 ENTERPRISE DR. UNIT C**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

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

TITLE **D** ☐ DELETE  
NAME **GRIFFITHS, JACK**  
STREET ADDRESS **23498 GARRETT AVE.**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

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

TITLE **D** ☐ DELETE  
NAME **BLAIR, J. MICHAEL**  
STREET ADDRESS **1469 RIO DE JANIERO**  
CITY-ST-ZIP **PUNTA GORDA FL 33983**

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

TITLE **D** ☐ DELETE  
NAME **SEGUR, ROBERT**  
STREET ADDRESS **1300 ENTERPRISE DR. UNIT C**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

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

TITLE **D** ☐ DELETE  
NAME **STOVER, KAROLYN**  
STREET ADDRESS **455 NORTHVIEW ST.**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Maria Columbia* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/21/97**  
Date

Daytime Phone # **0057705**

CR2E037 (9/96)