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May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # **N96000004777 (6)**

1. Corporation Name

CHARLOTTE COUNTY OPTIMIST CLUB, INC.



Principal Place of Business

Mailing Address

**2095 HANBY STREET
PORT CHARLOTTE FL 33952**

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

3. Date Incorporated or Qualified

09/13/1996

4. FEI Number **EIN-65-070 1406**
APPLIED FOR

Applied For
Not Applicable

2. Principal Place of Business

21 **23498 GARRETT AVE.**
Suite, Apt. #, etc.
22 **Port CHARLOTTE**
City & State
23 **FL**
Zip
24 **33954**

2a. Mailing Address

25 **90 JUNE GRIFFITHS**
Suite, Apt. #, etc.
26 **23498 GARRETT AVE.**
City & State
27 **Port CHARLOTTE FL**
Zip
28 **33954**

Country
29 **USA**
30 **USA**

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 **JUNE E. GRIFFITHS**

82 Street Address (P.O. Box Number is Not Acceptable)
23498 GARRETT AVE.

83 **Port CHARLOTTE**

84 City **FL** 85 Zip Code **33954**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 **JUNE E. GRIFFITHS, SEC/TREAS.** *June E. Griffiths* DATE **4/10/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOGAN, JOE	
STREET ADDRESS	17940-G TOLEDO BLADE BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILDER, NANCY	
STREET ADDRESS	25167 ROSAMOND CT	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFITHS, JACK	
STREET ADDRESS	23498 GARRETT AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLAIR, J. MICHAEL	
STREET ADDRESS	1469 RIO DE JANIERO	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEGUR, ROBERT	
STREET ADDRESS	1300 ENTERPRISE DR, UNIT C	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STOVER, KAROLYN	
STREET ADDRESS	455 NORTHVIEW ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NANCY WILDER	
1.3 STREET ADDRESS	25167 ROSAMOND CT.	
1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33983	
2.1 TITLE	SEC/TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JUNE GRIFFITHS	
2.3 STREET ADDRESS	23498 GARRETT AVE.	
2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33954	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEVE COWART	
3.3 STREET ADDRESS	PO BOX 21900	
3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33949	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VERNON BURKE	
4.3 STREET ADDRESS	495 NORTHVIEW ST.	
4.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33954	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOE CORNWELL	
5.3 STREET ADDRESS	1611 SUZI ST.	
5.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JUDY SALZANO	
6.3 STREET ADDRESS	23257 Mc BURNEY	
6.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	

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.

SIGNATURE: **JUNE E. GRIFFITHS** *June E. Griffiths* **4/10/98** **941-625-2964**

CR2037 (10/97)