

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000009530

Entity Name: ALTAMONTE SPRINGS OPTIMIST FOUNDATION, INC.**Current Principal Place of Business:**140 SPRINGWOOD TRAIL
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**140 SPRINGWOOD TRAIL
ALTAMONTE SPRINGS, FL 32714 US**FEI Number: 83-1785411****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRANZBERG, STEVEN
140 SPRINGWOOD TRAIL
ALTAMONTE SPRINGS, FL 32714 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	KRANZBERG, STEVEN
Address	140 SPRINGWOOD TRAIL
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	VP
Name	FITZGERALD, MARCIA
Address	3163 INTEGRA LAKES LANE
City-State-Zip:	CASSELBERRY FL 32707

Title	T
Name	SPALDING, MICHAEL
Address	488 GREEN SPRING CIRCLE
City-State-Zip:	WINTER SPRINGS FL 32708

Title	VP
Name	RITTER, MARTHA
Address	219 MORTON LANE
City-State-Zip:	WINTER SPRINGS FL 32708

Title	S
Name	RITTER, KEN
Address	219 MORTON LANE
City-State-Zip:	WINTER SPRINGS FL 32708

Title	D
Name	HELWIG, ADAM
Address	855 GEORGIA AVENUE
City-State-Zip:	LONGWOOD FL 32750

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN KRANZBERG**PRESIDENT****01/29/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date