FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **742837** **(8)**

1. Corporation Name

NAPLES EAST ROTARY CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1852 NAPLES FL 33939	P.O. BOX 1852 NAPLES FL 33939

3. Date Incorporated or Qualified: **05/08/1978**
3a. Date of Last Report: **04/10/1995**

2 Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip / Country
29 / 30

4. FEI Number: **23-7369854** ☐ 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**

BROWN, THOMAS
2660 AIRPORT RD. S.
NAPLES FL 33962

10. **Name and Address of New Registered Agent**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	CHESSER, JOYCE	
STREET ADDRESS	8345 EXCALIBUR CIR M5	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	☒ DELETE
NAME	TABIT, ROBERT	
STREET ADDRESS	2364-2 TAMIAMI TRAIL E.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	☒ DELETE
NAME	ARCO, STEVE	
STREET ADDRESS	5821 26TH AVE. SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	☐ DELETE
NAME	GRAHAM, ARTHUR	
STREET ADDRESS	2397 KINGS LAKE BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change	☒ Addition
1.2 NAME	Brown, Harold Jr.		
1.3 STREET ADDRESS	450 Nottingham Dr.		
1.4 CITY-ST-ZIP	Naples, FL 33942		
2.1 TITLE	TD	☐ Change	☒ Addition
2.2 NAME	Combs, Dennis R.		
2.3 STREET ADDRESS	1500 Airport Road S.		
2.4 CITY-ST-ZIP	Naples, FL 33942		
3.1 TITLE	VD	☐ Change	☒ Addition
3.2 NAME	Caperton, Rick		
3.3 STREET ADDRESS	3827 Arnold Ave.		
3.4 CITY-ST-ZIP	Naples, FL 33942		
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 1/23/96 (941) 774-2666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #