

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 742837

1. Corporation Name

NAPLES BAY ROTARY CLUB, INC.

Principal Place of Business 2660 AIRPORT ROAD SOUTH NAPLES FL 34112 Mailing Address

2660 AIRPORT ROAD SOUTH NAPLES FL 34112

US

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90167 030 ****61.25

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2. Principal P	ace of Business	2a. Mailing Address			3. Date incorporated or Qualifed 05/08/1978				
21		26			4. FEI Number	· · ·	Tann	lied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			23-7369854	-	-	lied For Applicable	
22		27			23 7309034	60			
City & State	City & State City & State				5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
Zip	Zip Country Zip C			'	6. Election Campaign Financing	•		/lay Be	
24 25 29 30			<u> </u>		Trust Fund Contribution Added to Fees				
	9. Name and Address of Curren	10. Name and Address of New Registere	d Agent						
			81	Name					
BROWN, THOMAS			82 Street Address (P.O. Box Number is Not Acceptable)						
	PORT RD S			ou out realists (risk = arriver lands)					
NAPLES F			83						
IVAI EEO I	2 04112		84	City		. 85	Zip C	ode	
			0**	City	F	L "	Z-10 O		
office or r	egistered agent, or both, in the State (of Florida, Such change was auth	onzed by	tne corpo	corporation submits this statement for the purpose pration's board of directors. I hereby accept the app	of changi pointment	ng its r as reg	egistered istered	
agent. I a	m familiar with, and accept the obligat	uons or, section 617.0505, Fi0fida	Jacobs						
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Rec	stered Aper	nt signature re	equired when reinstating) DATE			'	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOF	RS IN 12	
TITLE	PD	☐ DELETE	1,1 TITLE		1	Ch	ange	Addition	
NAME	BROWN, THOMAS	_	1.2 NAME						
	2660 AIRPORT RD. S.			T ADDRESS					
STREET ADDRESS					4				
CITY-ST-ZIP	NAPLES FL 34112	□ DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP		□Ch	ange	★ Addition	
TITLE	D	- DELETE			Pfaff, David			J	
NAME	COMBS, DENNIS R		2.2 NAME	ļ	696 16th Ave. S				
STREET ADDRESS	1500 AIRPORT RD. S.			TADDRESS			•	-	
CITY-ST-ZIP	NAPLES FL 34104		2. 4 CITY-5	ST-ZIP	Naples, FL 34102	□Ch	0000	Addition	
TITLE	VD	☐ DELETE	3,1 TITLE				anye	C) Addition	
NAME	JONES, WILLIAM L		3.2 NAME						
STREET ADDRESS	3500 RADIO RD		3.3 STREE	T ADDRESS					
CITY-ST-ZIP	NAPLES FL 34104		3.4. CITY-5	ST-ZIP_					
TITLE	SD	☐ DELETE	4.1 TITLE			□ Ch	ange	Addition	
NAME	KOONTZ, DARLENE		4. 2 NAME						
STREET ADDRESS	5007 TAMIAMI TRAIL E		4.3 STREE	T ADDRESS					
CITY-ST-ZIP	NAPLES FL 34113		4.4 CITY- S	T-ZIP					
TITLE	TD	DELETE	5.1 TITLE		TD	XXCh	ange	☐ Addition	
NAME	HUENEFELD, LEROY	-	5.2 NAME		McLean, Timothy J.				
STREET ADDRESS	1078 FIFTH AVE S		5.3 STREE	T ADDRESS	2026 7th Street South				
CITY-ST-ZIP	NAPLES FL 34102		5.4 CITY-S	T-ZIP	Naples, FL 34102				
TITLE		☐ DELETE	6.1 TITLE			☐ Ch	ange	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	TADDRESS					
SIREEI AUURESS		1	e A CITY S						

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-12-1999

941/774-5912

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