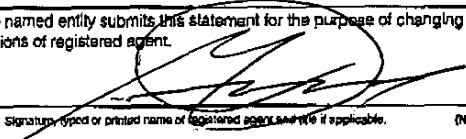
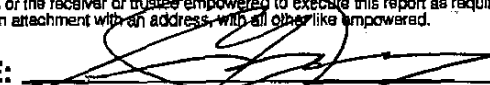


**2004 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

FILED

04 NOV -1 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742837					
1. Entity Name NAPLES BAY ROTARY CLUB, INC.					
Principal Place of Business 2660 AIRPORT ROAD SOUTH NAPLES, FL 34112 US			Mailing Address P.O. BOX 1852 NAPLES, FL 34106 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 23-7369854			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROWN, THOMAS 2660 AIRPORT RD S NAPLES, FL 34112			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			Gabriel Irizarry DATE 10/20/04		
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REISCHL, FRED 1455 29TH ST SW NAPLES, FL 34117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GABRIEL IRIZARRY 6661 HUNTLEY LANE N. NAPLES, FL 34104	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAHAM, ARTHUR 2397 KINGS LAKE BLVD. NAPLES, FL 34112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700042365047 11/01/04--01076--019 **61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCLEAN, TIMOTHY J 4851 TAMiami TRAIL NORTH NAPLES, FL 34103	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Gabriel Irizarry DATE 10/20/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		