

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01182005 Chg-NP CR2E037 (10/03)

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 BROWN, THOMAS 2660 AIRPORT RD S NAPLES, FL 34112		7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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	☐ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IRIZARRY, GABRIEL 6661 HUNTLEY LANE N NAPLES, FL 34104 ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Gabriel Irizarry	1/24/05	239-641-1254
		Date	Daytime Phone #