

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2008 8:00 am
Secretary of State

06-27-2008 90001 005 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7369854	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
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	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MCCLEAN, TIMOTHY		NAME		
STREET ADDRESS	515 ANCHOR RD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JAIKES, LINDA		NAME		
STREET ADDRESS	1338 WOODRIDGE AVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	IRIZARRY, GABRIEL		NAME		
STREET ADDRESS	6661 HUNTLEY LANE N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PORTER, VAN T		NAME		
STREET ADDRESS	2364 TAMiami TrL EAST STE 5		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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			Date: 6/14/08 Daytime Phone #: 239-476-3600		