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FILED

Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005489 (9)

1. Corporation Name

ROTARY CLUB OF BONITA SPRINGS NOON, INC.

Principal Place of Business

Mailing Address

7663 MILL STREAM DR
NAPLES FL 339427663 MILL STREAM DR
NAPLES FL 34109-17003. Date Incorporated or Qualified
11/04/19943a. Date of Last Report
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLEApplied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROACH, PHILLIP
7663 MILL STREAM DR
NAPLES FL 33942

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	CARLTON, RICK	
STREET ADDRESS	22632 FOUNTAIN LAKES DR.	
CITY-ST-ZIP	BONITA SPRINGS FL	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	☐ DELETE
NAME	MCCLAIN, ROBERT	
STREET ADDRESS	10525 REYNOLDS ST	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	☐ DELETE
NAME	ELFERDINK, RUSTY	
STREET ADDRESS	15 - 8TH ST.	
CITY-ST-ZIP	BONITA SPRINGS FL	

3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	☒ DELETE
NAME	STOPPS, WILLIAM	
STREET ADDRESS	15330 CEDARWOOD LN, 101	
CITY-ST-ZIP	NAPLES FL 33963	

4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	☐ DELETE
NAME	ROACH, PHILLIP	
STREET ADDRESS	7663 MILL STREAM DR	
CITY-ST-ZIP	NAPLES FL 33942	

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	☐ DELETE
NAME	PRIOLETTI, MIKE	
STREET ADDRESS	2550 COACHHOUSE LANE	
CITY-ST-ZIP	NAPLES FL	

6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050616

Phillip A. Roach 1-796(971) 992-0178

CR2E037 (9/96)