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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA 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 33942	7663 MILL STREAM DR NAPLES FL 33942

3. Date Incorporated or Qualified: 11/04/1994

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ROACH, PHILLIP
7663 MILL STREAM DR
NAPLES FL 33942

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARLTON, RICK		1.2 NAME		
STREET ADDRESS	22632 FOUNTAIN LAKES DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	2.1 TITLE	Director	☑ Change ☐ Addition
NAME	MCCLAIN, ROBERT		2.2 NAME	Rusty Elferdink	
STREET ADDRESS	10525 REYNOLDS ST		2.3 STREET ADDRESS	15 8 Street, #A	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		2.4 CITY-ST-ZIP	BONITA SPG FL 34134	
TITLE	D	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	LORD PAT		3.2 NAME		
STREET ADDRESS	27128 EDENBRIDGE CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE	Director	☑ Change ☐ Addition
NAME	ROACH, PHILLIP		4.2 NAME	Tony Valego	
STREET ADDRESS	7663 MILL STREAM DR		4.3 STREET ADDRESS	61 Emerald Woods Drive #D-10	
CITY-ST-ZIP	NAPLES FL 33942		4.4 CITY-ST-ZIP	Naples, FL 34108	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PRIOLETTI, MIKE		5.2 NAME		
STREET ADDRESS	2550 COACHHOUSE LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: [signature] **REQUIRED** 1/6/98 941-947-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0061647