

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742837

Entity Name: ROTARY CLUB OF NAPLES BAY, INC.**Current Principal Place of Business:**700 11TH STREET SOUTH #202
NAPLES, FL 34102**Current Mailing Address:**P.O. BOX 1852
NAPLES, FL 34106 US**FEI Number:** 23-7369854**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLER, JOEL SCPA
700 11TH STREET SOUTH #202
NAPLES, FL 34102 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title TREASURER AND DIRECTOR
Name MILLER, JOEL S
Address P.O. BOX 1852
City-State-Zip: NAPLES FL 34106

Title SECRETARY AND DIRECTOR
Name DAHLSTROM, WAYNE
Address P.O. BOX 1852
City-State-Zip: NAPLES FL 34106

Title PRESIDENT AND DIRECTOR
Name PARKHURST, TOM
Address P.O. BOX 1852
City-State-Zip: NAPLES FL 34106

Title VICE PRESIDENT AND DIRECTOR
Name FULLER, TANIA E. (DEE DEE)
Address P.O. BOX 1852
City-State-Zip: NAPLES FL 34106

Title D
Name JONES, BILL
Address P.O. BOX 1852
City-State-Zip: NAPLES FL 34106

Title D
Name MILLER, TIM
Address P.O. BOX 1852
City-State-Zip: NAPLES FL 34106

Title D
Name DICK, ROGER
Address P.O. BOX 1852
City-State-Zip: NAPLES FL 34106

Title D
Name DOMOND, HARIS
Address P.O. BOX 1852
City-State-Zip: NAPLES FL 34106

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TANIA E. (DEE DEE) FULLERVICE PRESIDENT AND
DIRECTOR

04/25/2018

Electronic Signature of Signing Officer/Director Detail_____
Date