

2023 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 DIRECTOR
Name DAHLSTROM, WAYNE
Address P.O. BOX 1852
City-State-Zip: NAPLES FL 34106

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

Title ASSISTANT SECRETARY/DIRECTOR
Name DAHLSTROM, BEVERLY ANN
Address PO BOX 1852
City-State-Zip: NAPLES FL 34106

Title OTHER
Name DURHAM, AMANDA
Address P.O. BOX 1852
City-State-Zip: NAPLES FL 34106

Title PRESIDENT/DIRECTOR
Name COFIELD, JOSEPH
Address P.O. BOX 1852
City-State-Zip: NAPLES FL 34106

Title DIRECTOR
Name WALKER, LAURA LEE
Address P. O. BOX 1852
City-State-Zip: NAPLES FL 34106

Title DIRECTOR
Name WESTROM, RON
Address P. O. BOX 1852
City-State-Zip: NAPLES FL 34106

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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: BEVERLY A. DAHLSTROM**ASSISTANT SECRETARY 03/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	SECRETARY, DIRECTOR
Name	CUPIT, LINDA
Address	P.O. BOX 1852
City-State-Zip:	NAPLES FL 34106