2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717852

Entity Name: ROTARY CLUB OF NAPLES, INC.

Jul 13, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

P.O. BOX 812 P.O. BOX 812 NAPLES, FL 34108 NAPLES, FL 34106

Current Mailing Address: New Mailing Address:

P.O. BOX 812 P.O. BOX 812 NAPLES, FL 34108 NAPLES, FL 34106

FEI Number: 59-6152305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HACKNEY II, AL 599 TAMIAMI TRAIL NORTH SUITE 311 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

VPSD PRES (X) Change () Addition () Delete COLLINS, GREG HINKLE, SAM Name: Name:

90 CYPRESS WAY E. SUITE 65 Address: PO BOX 812 Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34106

Title: PD () Delete Title: (X) Change () Addition

Name: GROENTEMAN, JACQUES Name: MONTECALVO, DAWN Address: 6538 CHESTNUT CIRCLE Address: PO BOX 812

City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34106

Title: () Delete Title: (X) Change () Addition MONTECALVO, DAWN Name: LONG, RANDAL Name:

Address: P.O. BOX 111494 Address: PO BOX 812 City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34106

Title: () Delete Title: SECY (X) Change () Addition

HAZELBAKER, JANA Name: CONNELL, JIM Name: 138 AMBLEWOOD LANE Address: Address: PO BOX 812 City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34106

Title: () Delete Title: () Change (X) Addition

DUDLEY, TED Name: Name: PO BOX 812 Address: Address: NAPLES, FL 34106 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JANA HAZELBAKER SECY 07/13/2006