

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # 717852

1. Entity Name
ROTARY CLUB OF NAPLES, INC.



Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE



01172007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-6152305

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HACKNEY II, AL
599 TAMiami TRAIL NORTH
SUITE 311
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
HINKLE, SAM
PO BOX 812
NAPLES, FL 34106**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P-EL
MONTECALVO, DAWN
PO BOX 812
NAPLES, FL 34106**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LONG, RANDAL
PO BOX 812
NAPLES, FL 34106**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECY
HAZELBAKER, JANA
PO BOX 812
NAPLES, FL 34106**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREA
DUDLEY, TED
PO BOX 812
NAPLES, FL 34106**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000720664
05/01/07-80113-013 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Date

239-598-5012

Daytime Phone #