


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90167 012 ****61.25

DOCUMENT # 735597 1. Entity Name ROTARY CLUB OF NORTH FORT MYERS, FLORIDA, INC.					
Principal Place of Business INC. 3911 ORANGE GROVE BLVD. NO. FORT MYERS, FL 33903			Mailing Address 4141 ORANGE GROVE BLVD NO. FORT MYERS, FL 33903		
2. Principal Place of Business 4141 ORANGE GROVE BLVD Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State N. Ft. Myers, FL Zip 33903			City & State Country USA		
4. FEI Number 59-1745001			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SEDGWICK, DWIGHT R. 4141 ORANGE GROVE BLVD N FT. MYERS, FL 33903			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Dwight Sedgwick</i></u> DWIGHT SEDGWICK SECRETARY/TREAS <u>1/9/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SEDGWICK, DWIGHT 4141 ORANGE GROVE BLVD N.FT.MYERS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, RICK 4141 ORANGE GROVE BLVD NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ATKINSON, TOM 4141 ORANGE GROVE BLVD NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HESS, KEN 4141 ORANGE GROVE BLVD NFT MYERS, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Dwight Sedgwick</i></u> DWIGHT SEDGWICK SECRETARY/TREAS <u>1/9/06</u> <u>239-997-3832</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					