

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736441

FILED
Apr 04, 2006
Secretary of State

Entity Name: NAPLES NORTH ROTARY CLUB, INC.

Current Principal Place of Business:

P.O. BOX 1307
P. O. BOX 1307
NAPLES, FL 33939 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1307
P. O. BOX 1307
NAPLES, FL 33939 US

New Mailing Address:

FEI Number: 59-1738957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANLEY, JOHN A
2545 70TH STREET, SW
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BELCASTRO, ROBERT L
Address: 2363 CRAYTON RD
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: VITALE, CHARLES
Address: 10442 VANDERBILT DR.
City-St-Zip: NAPLES, FL 34108

Title: S () Delete
Name: STANLEY, JOHN,
Address: 2545 70TH ST., S.W.
City-St-Zip: NAPLES, FL

Title: T () Delete
Name: MOORE, MICHAEL
Address: 582 GORDONIA ROAD
City-St-Zip: NAPLES, FL 34108

Title: P () Delete
Name: MOORE, MICHAEL D
Address: 2123 IMPERIAL CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: JONES, PAUL
Address: 800 GOODLETTE ROAD N
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MOORE, MICHAEL J
Address: 582 GORDONIA ROAD
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MICHAEL J. MOORE

T

04/04/2006

Electronic Signature of Signing Officer or Director

Date