


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90035 018 ****61.25

DOCUMENT # 742837

1. Entity Name
NAPLES BAY ROTARY CLUB, INC.



Principal Place of Business
**2660 AIRPORT ROAD SOUTH
 NAPLES, FL 34112 US**

Mailing Address
**P.O. BOX 1852
 NAPLES, FL 34106 US**

40020659



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02062007 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7369854

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROWN, THOMAS 2660 AIRPORT RD S NAPLES, FL 34112		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRIZARRY, GABRIEL 6661 HUNTLEY LANE N. NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. VAN PORTER, PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2364 TAMiami TR E. STE 5 NAPLES, FL. 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAHAM, ARTHUR 2397 KINGS LAKE BLVD. NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TIMOTHY McCLEAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 615 ANCHOR RD PRES. ELECT. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IRIZARRY, GABRIEL 6661 HUNTLEY LANE N NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINDA JAIKES, SEC. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1338 WOODRIDGE AVE. NAPLES, FL. 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PORTER, VAN 2364 TAMiami TRL EAST STE 5 NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COMBS, DENNIS 1500 AIRPORT RD. S NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Gabriel Irizarry Pres. **3/15/07** **239-426-7600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #