

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742837

FILED
Aug 18, 2009
Secretary of State

Entity Name: NAPLES BAY ROTARY CLUB, INC.

Current Principal Place of Business:

2660 AIRPORT ROAD SOUTH
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1852
NAPLES, FL 34106 US

New Mailing Address:

FEI Number: 23-7369854 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:

BROWN, THOMAS
2660 AIRPORT RD S
NAPLES, FL 34112 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: P () Delete
Name: MCCLEAN, TIMOTHY
Address: 515 ANCHOR RD
City-St-Zip: NAPLES, FL 34104

Title: S () Delete
Name: JAIKES, LINDA
Address: 1338 WOODRIDGE AVE
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: IRIZARRY, GABRIEL
Address: 6661 HUNTLEY LANE N
City-St-Zip: NAPLES, FL 34104

Title: P () Delete
Name: PORTER, VAN T
Address: 2364 TAMiami TrL EAST STE 5
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: MCLEAN, TIMOTHY
Address: 515 ANCHOR RD
City-St-Zip: NAPLES, FL 34104

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

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 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: TIMOTHY MCLEAN

T

08/18/2009

Electronic Signature of Signing Officer or Director

_____ Date