

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07601

FILED
Feb 29, 2008
Secretary of State

Entity Name: ROTARY CLUB OF NAPLES-COLLIER, INC.

Current Principal Place of Business:

QUALITY INN AND SUITES GOLF RESORT
4100 GOLDEN GATE PARKWAY
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 990701
NAPLES, FL 34116 US

New Mailing Address:

FEI Number: 59-2546128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUERGER, TOBY L
151 CYPRESS WAY E
C105
NAPLES, FL 34110 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: BUERGER, TOBY L
Address: P O BOX 990701
City-St-Zip: NAPLES, FL 34116 US

Title: VP () Delete
Name: BREAM, JACK
Address: P O BOX 990701
City-St-Zip: NAPLES, FL 34116 US

Title: S () Delete
Name: DIXON, PAM
Address: P.O. BOX 990701
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: WOLFLEY, DAVE
Address: P.O. BOX 990701
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: LAMENDOLA, MARIO
Address: P.O. BOX 990701
City-St-Zip: NAPLES, FL 34116

Title: D (X) Delete
Name: KOLEGUE, LAWRENCE
Address: P.O. BOX 990701
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: BUERGER, TOBY L
Address: P O BOX 990701
City-St-Zip: NAPLES, FL 34116 US

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

Title: D (X) Change () Addition
Name: KOLEGUE, LAWRENCE
Address: PO BOX 990701
City-St-Zip: NAPLES, FL 34116

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: TOBY BUERGER

MS.

02/29/2008

Electronic Signature of Signing Officer or Director

Date