2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N08000004690

Entity Name: PELICAN BAY ROTARY CLUB, INC.

Current Principal Place of Business:

9741 WILSHIRE LAKES BOULEVARD
NAPLES, FL 34109

New Principal Place of Business:

C/O N R ASHLEY 1044 CASTELLO DR
STE # 106
NAPLES, FL 34103

Current Mailing Address:

PO BOX 110777
NAPLES, FL 341080113

New Mailing Address:

FEI Number: 26-2616354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STETLER, RONALD L
7342 STONEGATE DRIVE
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

STETLER, RONALD L
9115 CORSEA DEL FONTAN WAY
STE 100
NAPLES, FL 34109 US

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: _____ 04/21/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Change (X) Addition
Name: MATT, NOLTON
Address: P O BOX 113040
City-St-Zip: NAPLES, FL 34108

Title: P-ED ( ) Change (X) Addition
Name: HAAN, BOB
Address: 233 AIRPORT RD
City-St-Zip: NAPLES, FL 34104

Title: SD ( ) Change (X) Addition
Name: DAVIS, GARY
Address: 11400 NIGHT HERON DR
City-St-Zip: NAPLES, FL 34119

Title: TD ( ) Change (X) Addition
Name: RICHARDSON, MIKE
Address: P O BOX 366127
City-St-Zip: BONITA SPRINGS, FL 34136

Title: D ( ) Change (X) Addition
Name: ASHLEY, N REX
Address: 1044 CASTELLO DR , STE # 106
City-St-Zip: NAPLES, FL 34103

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: N REX ASHLEY D 04/21/2009
Electronic Signature of Signing Officer or Director — Date