SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:10

DOCUMENT # **N12616** **(1)**

1. Corporation Name
NAPLES SUNSET ROTARY CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
600 5TH AVE. S., STE 301 P.O. BOX 2561 NAPLES FL 33939	600 5TH AVE. S., STE 301 P.O. BOX 2561 NAPLES FL 33939

3. Date Incorporated or Qualified: 12/18/1985
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2632929 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22 PO BOX 2561	Suite, Apt. #, etc.: 27 PO BOX 2561
City & State: 23 NAPLES FL	City & State: 28 NAPLES FL
Zip: 24 33939 Country: 25	Zip: 29 33939 Country: 30

9. Name and Address of Current Registered Agent

CANNON, CHARLES
4031 GULF SHORE BLVD., #23
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: BODINE, ROBERT
82 Street Address (P.O. Box Number is Not Acceptable): 2702 KINGS LAKE BLVD
83
84 City: NAPLES FL 85 Zip Code: 33962

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] ROBERT BODINE 7-20-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE P	PRESIDENT	☑ Change ☐ Addition
NAME	LICCI, ROBERTO	12 NAME	KEVIN DENTI	
STREET ADDRESS	4455 18TH AVE SW	13 STREET ADDRESS	1871 VERONA CT	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	NAPLES FL 33942	
TITLE	VP	21 TITLE S	SECRETARY	☑ Change ☐ Addition
NAME	LEAMON, GEORGE	22 NAME	ROBERT BODINE	
STREET ADDRESS	7024 TRAIL BLVD	23 STREET ADDRESS	2702 KINGS LAKE BLVD	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	NAPLES, FL 33962	
TITLE	S	31 TITLE D	DIRECTOR	☑ Change ☐ Addition
NAME	ERICKSON, WILLIAM	32 NAME	RON HURT	
STREET ADDRESS	136 PEBBLE BCH CIR	33 STREET ADDRESS	537 BAY VILLAS LANE	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	NAPLES, FL 33963	
TITLE	T	41 TITLE T	TREASURER	☑ Change ☐ Addition
NAME	CANNON, CHARLES E.	42 NAME	GEORGE GOODNIGHT	
STREET ADDRESS	4031 GULF SHORE BLVD #23	43 STREET ADDRESS	475 WEDGE DR	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	NAPLES, FL 33940	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	GEORGESON, WAYNE	52 NAME		
STREET ADDRESS	PO BOX 8995/NA	53 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] ROBERT BODINE 7-20-95 941-643-3688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014053