

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 12 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12616 (1)
 1. Corporation Name
NAPLES SUNSET ROTARY CLUB, INC.



Principal Place of Business P. O. BOX 2561 NAPLES FL 33939 US	Mailing Address P. O. BOX 2561 NAPLES FL 33939 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/18/1985	3a. Date of Last Report 03/05/1996
4. FEI Number 59-2632929	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

BODINE, ROBERT
2702 KINGS LAKE BLVD
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	DENTI, KEVIN
STREET ADDRESS	1871 VERONA CT
CITY-ST-ZIP	NAPLES FL
TITLE	S <input type="checkbox"/> DELETE
NAME	BODINE, ROBERT
STREET ADDRESS	2702 KINGS LAKE BLVD
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HURT, RON
STREET ADDRESS	537 BAY VILLAS LANE
CITY-ST-ZIP	NAPLES FL
TITLE	T <input type="checkbox"/> DELETE
NAME	GOODNIGHT, GEORGE
STREET ADDRESS	475 WEDGE DR
CITY-ST-ZIP	NAPLES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GEORGESON, WAYNE
STREET ADDRESS	PO BOX 8995/NA
CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DENTI, KEVIN
1.3 STREET ADDRESS	1871 VERONA
1.4 CITY-ST-ZIP	NAPLES FL 34109
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PAUL JONES
6.3 STREET ADDRESS	773 4th N
6.4 CITY-ST-ZIP	NAPLES FL 34102

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 REQUIRED **8/6/97** **941** **939-1241**

CR2E037 (4/97)