

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90230 012 ****61.25

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DOCUMENT # N12616

1. Corporation Name

NAPLES SUNSET ROTARY CLUB, INC.

Principal Place of Business

P. O. BOX 2561
NAPLES FL 33909
US

Mailing Address

P. O. BOX 2561
NAPLES FL 33909
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip **34104**

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip **34104**

Country

3. Date Incorporated or Qualified

12/18/1985

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

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

Robert BODINE

82 Street Address (P.O. Box Number is Not Acceptable)

5644 Sandlewood CT #1904

83

84 City

NAPLES

FL

85 Zip Code
34110

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 **D** ☐ DELETE
NAME **MCKEUNA JACK**
STREET ADDRESS **107 FLAME VINE DR**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **S** ☐ DELETE
NAME **BODINE, ROBERT**
STREET ADDRESS **2702 KINGS LAKE BLVD**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE
NAME **HURT, RON**
STREET ADDRESS **537 BAY VILLAS LANE**
CITY-ST-ZIP **NAPLES FL**

TITLE **T** ☒ DELETE
NAME **GOODNIGHT, GEORGE**
STREET ADDRESS **475 WEDGE DR**
CITY-ST-ZIP **NAPLES FL**

TITLE **P** ☐ DELETE
NAME **JONES, PAUL**
STREET ADDRESS **773 4TH N**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME **Schomburg Scott**
4.3 STREET ADDRESS **651 Lambton Lane**
4.4 CITY-ST-ZIP **NAPLES FL 34104**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Robert BODINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99
Date

941-939-1241
Daytime Phone #

CR2E037 (1/98)