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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N12642 (7)

1. Corporation Name

NAPLES GULFSHORE ROTARY CLUB, INC.

Principal Place of Business	Mailing Address
2231 FORREST LANE NAPLES FL 33940 US	2231 FORREST LANE NAPLES FL 34102-7620 US

3. Date Incorporated or Qualified: 12/19/1985
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-2233423 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

FRANCOEUR, PHILIP M., JR.
2231 FORREST LANE
NAPLES FL 33940

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☒ DELETE	1.1 TITLE	DS	☐ Change ☒ Addition
NAME	BOWMAN, S. BRAD		1.2 NAME	Means, Stephen A.	
STREET ADDRESS	9739 SUSSEX ST.		1.3 STREET ADDRESS	250 Timber Lake Circle #201	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples FL 34104	
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVIDSON, JIM		2.2 NAME		
STREET ADDRESS	10123 BOCA CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	FRANCOEUR, PHILIP M., JR		3.2 NAME	Mathias, Matthew W.	
STREET ADDRESS	2231 FORREST LANE		3.3 STREET ADDRESS	5801 Pelican Bay Blvd.	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples FL 34108	
TITLE	DP	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BUCK, HERBERT J.		4.2 NAME		
STREET ADDRESS	215 S. AIRPORT ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	5.1 TITLE	DVP	☐ Change ☒ Addition
NAME	THOME, CARL		5.2 NAME	Ball, David	
STREET ADDRESS	857 ROSEATE DRIVE		5.3 STREET ADDRESS	3500 Tamiami Trail N.	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	Naples FL 34103	
TITLE	DVP	☐ DELETE	6.1 TITLE	DP	☒ Change ☐ Addition
NAME	ELLIS, A T		6.2 NAME		
STREET ADDRESS	185 JOHNNYCAKE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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] SIGNATURE REQUIRED 1/30/97 941 261-8337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0058596