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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N12642

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 33940 US

[redacted]

2. Principal Place of Business 21 2400 Tamiami Tr. N. Suite, Apt. #, etc. 22 303 City & State 23 Naples FL Zip 24 34103 Country 25 U.S.	2a. Mailing Address 26 P.O. Box 352 Suite, Apt. #, etc. 27 City & State 28 Naples, FL Zip 29 34106 Country 30 U.S.	3. Date Incorporated or Qualified 12/19/1985 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

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 Robert Somerville
82 Street Address (P.O. Box Number is Not Acceptable) 2375 N. Tamiami Tr. #308
83
84 City Naples FL 85 Zip Code 34112

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 _____ 4/19/99
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	DVP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MEANS, STEPHEN A		1.2 NAME		
STREET ADDRESS	250 TIMBER LAKE CIR., #201		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
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	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MATHIAS, MATTHEW W.		3.2 NAME		
STREET ADDRESS	5001 PELICAN BAY BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	BUCK, HERBERT J.		4.2 NAME	David Cook	
STREET ADDRESS	215 S. AIRPORT ROAD		4.3 STREET ADDRESS	3441 Bonita Bay Blvd.	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	DP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BALL, DAVID		5.2 NAME		
STREET ADDRESS	3560 TAMIAMI TRAIL N.		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ 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 (11/98)

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: James A. Davidson SIGNATURE REQUIRED 4/19/99 941 241-8332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #