

FILED

May 24, 1999 8:00 am
Secretary of State

05-24-1999 90027 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12642 ✓

1. Corporation Name

NAPLES GULFSHORE ROTARY CLUB, INC.

Principal Place of Business

2231 FORREST LANE
NAPLES FL 33940
US

Mailing Address

2231 FORREST LANE
NAPLES FL 33940
US

2. Principal Place of Business

21 2400 Tamiami Tr. N.

2a. Mailing Address

26 P.O. Box 352

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 303

27

23 City & State

Naples FL

28 City & State

Naples FL

24 Zip

34103

25 Country

U.S.

29 Zip

34106

30 Country

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 Sennace

82 Street Address (P.O. Box Number is Not Acceptable) # 708

2325 N. Tamiami Tr.

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

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 DVP ☐ DELETENAME MEANS, STEPHEN A
STREET ADDRESS 250 TIMBER LAKE CIR., #201
CITY-ST-ZIP NAPLES FLTITLE DT ☐ DELETENAME DAVIDSON, JIM
STREET ADDRESS 10123 BOCA CIRCLE
CITY-ST-ZIP NAPLES FLTITLE DS ☐ DELETENAME MATHIAS, MATTHEW W.
STREET ADDRESS 5001 PELICAN BAY BLVD.
CITY-ST-ZIP NAPLES FLTITLE D ☒ DELETENAME BUCK, HERBERT J.
STREET ADDRESS 215 S. AIRPORT ROAD
CITY-ST-ZIP NAPLES FLTITLE DP ☐ DELETENAME BALL, DAVID
STREET ADDRESS 3560 TAMIAHI TRAIL N.
CITY-ST-ZIP NAPLES FLTITLE D ☐ DELETENAME ELLIS, A T
STREET ADDRESS 185 JOHNNYCAKE DRIVE
CITY-ST-ZIP NAPLES FL

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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

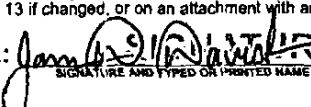
6.1 TITLE ☐ Change ☐ Addition

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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

941 241-8332

Date

Daytime Phone #

CR2E037 (1/96)