

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90034 040 ****61.25

DOCUMENT # N12642

1. Entity Name
NAPLES GULF SHORE ROTARY CLUB, INC.



Principal Place of Business
2400 TAMiami TR N
201
NAPLES, FL 34103 US

Mailing Address
PO BOX 352
NAPLES, FL 34106 US

40095735



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2233423

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOMOUSE, ROBERT
2375 N TAMiami TR
#308
NAPLES, FL 34112

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
HERSHA, STACY
200 PEBBLE BEACH BBLVD #102
NAPLES, FL 34113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DAVIDSON, JIM
10123 BOCA CIRCLE
NAPLES, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RYON, MIKE
850 PARK SHORE DRIVE #100
NAPLES, FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KILPATRICK, JON
3748 ARNOLD AVENUE
NAPLES, FL 34104 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MCDANIEL, MARSHA
8850 TAMiami TRAIL NORTH
NAPLES, FL 34108 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVS
TITUS, JOHN
9710 WINCHESTER WOOD
NAPLES, FL 34109 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
MILES, PETER
2911 TAMiami TRAIL NORTH
NAPLES, FL 34103 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SAMOUCE, ROBERT
1219 SALVIA LANE
NAPLES, FL 34109 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
TITUS, JOHN
9710 WINCHESTER WOOD
NAPLES, FL 34109 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES DAVIDSON

4/26/07

Date

Daytime Phone #

239-261-8337