


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N12642 1. Entity Name NAPLES GULF SHORE ROTARY CLUB, INC.	
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Principal Place of Business 2400 TAMiami TR N 201 NAPLES, FL 34103 US	Mailing Address PO BOX 352 NAPLES, FL 34106 US
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02142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2233423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOMOUSE, ROBERT 2375 N TAMiami TR #308 NAPLES, FL 34112

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

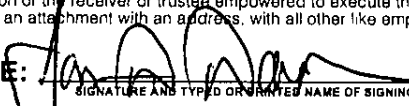
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000841774
03/11/08-80002-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERSHA, STACY 200 PEBBLE BEACH BBLVD #102 NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, JIM 10123 BOCA CIRCLE NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYON, MIKE 850 PARK SHORE DRIVE #100 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILES, PETER 2911 TAMiami TRAIL NORTH NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMOUCHE, ROBERT 1219 SALVIA LANE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS TITUS, JOHN 9710 WINCHESTER WOOD NAPLES, FL 34109

**DO NOT WRITE
IN THIS SPACE**

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

2/25/08
Date

Daytime Phone #