

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12642

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** NAPLES GULF SHORE ROTARY CLUB, INC.

**Current Principal Place of Business:**

2400 TAMiami TR N  
201  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 352  
NAPLES, FL 34106 US

**New Mailing Address:**

**FEI Number:** 59-2233423

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HERSHA, STACY  
Address: 200 PEBBLE BEACH BBLVD #102  
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete  
Name: DAVIDSON, JIM  
Address: 10123 BOCA CIRCLE  
City-St-Zip: NAPLES, FL

Title: D ( ) Delete  
Name: RYON, MIKE  
Address: 850 PARK SHORE DRIVE #100  
City-St-Zip: NAPLES, FL 34103

Title: DV ( ) Delete  
Name: MILES, PETER  
Address: 2911 TAMiami TRAIL NORTH  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: SAMOUCHE, ROBERT  
Address: 1219 SALVIA LANE  
City-St-Zip: NAPLES, FL 34109

Title: DPS ( ) Delete  
Name: TITUS, JOHN  
Address: 9710 WINCHESTER WOOD  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM DAVIDSON

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date