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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90067 022 \*\*\*\*61.25

DOCUMENT # N13780

1. Corporation Name

NAPLES-PELICAN BAY ROTARY CLUB, INC.

Principal Place of Business

C/O RONALD L STELLAR  
4001 TAMiami TRAIL  
NAPLES FL 33940  
US

Mailing Address

C/O RONALD L STELLAR  
4001 TAMiami TRAIL STE 250  
NAPLES FL 33940  
US

3 7 3 9 9 7 - 9 0 0 6 7 - 2 2



2. Principal Place of Business

21 888 9 Pelican Bay Blvd

Suite, Apt. #, etc.

22 300

City & State

23 Naples FL

Zip

24 34108

Country

25 Collier

2a. Mailing Address

26 888 9 Pelican Bay Blvd

Suite, Apt. #, etc.

27 300

City & State

28 Naples FL

Zip

29 34108

Country

30 Collier

3. Date Incorporated or Qualified

03/11/1986

4. FEI Number

59-2121559

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

STETLER, RONALD L.  
4001 TAMiami TRAIL  
STE 250  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

TITLE D  
NAME MILLER, PAT  
STREET ADDRESS 6810 2ND AVE. S.W.  
CITY-ST-ZIP NAPLES FL

TITLE D  
NAME STETLER, RONALD L  
STREET ADDRESS 1080 GOODLETTE RD  
CITY-ST-ZIP NAPLES FL

TITLE D  
NAME RICE, JIM  
STREET ADDRESS 1555 SHADOWLAWN  
CITY-ST-ZIP NAPLES FL

TITLE VP  
NAME SENKARIK, ROBERT  
STREET ADDRESS 475 NOTTINGHAM DR.  
CITY-ST-ZIP NAPLES FL

TITLE D  
NAME BARKER, K. R.  
STREET ADDRESS 5801 PELICAN BAY BLVD  
CITY-ST-ZIP NAPLES FL

TITLE D  
NAME RICE, JIM  
STREET ADDRESS 1555 SHADOWLAWN  
CITY-ST-ZIP NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)