


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N13780 1. Entity Name NAPLES-PELICAN BAY ROTARY CLUB, INC.	
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Principal Place of Business P.O. BOX 110777 NAPLES, FL 34108-0113 US	Mailing Address P.O. BOX 110777 NAPLES, FL 34108-0113 US
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03092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2121559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ASHLEY, N REX 1044 CASTELLO DRIVE STE #106 NAPLES, FL 34103

**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 _____
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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HILLOCK, BEN 6220 TAYLOR ROAD NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPE PREU, PETER 566 CORBEL DRIVE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PARKS, HARRY 7707 GROVES ROAD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARNEY, BOB 4099 TAMiami TR STE 100 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHLEY, N REX 1044 CASTELLO DR STE 106 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000328603
04/25/05-80083-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: N Rex Ashley NRex Ashley 4/20/05 239-261-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #