

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13780

FILED
May 30, 2007
Secretary of State

Entity Name: NAPLES-PELICAN BAY ROTARY CLUB, INC.

Current Principal Place of Business:

P.O. BOX 110777
NAPLES, FL 341080113 US

New Principal Place of Business:

2254 TRADE CENTER WAY
NAPLES, FL 34104 US

Current Mailing Address:

P.O. BOX 110777
NAPLES, FL 341080113 US

New Mailing Address:

FEI Number: 59-2121559 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ASHLEY, N REX
1044 CASTELLO DRIVE
STE #106
NAPLES, FL 34103 US

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: DEEKS, BOB
Address: 7095 POND CYPRESS CT 101
City-St-Zip: NAPLES, FL 34109

Title: DPE () Delete
Name: MANGAN, JEFF
Address: 5121 CASTELLO DR 1
City-St-Zip: NAPLES, FL 34103

Title: DS () Delete
Name: MELLON, RICK
Address: 116 EDMERE WAY S
City-St-Zip: NAPLES, FL 34105

Title: DT () Delete
Name: HAAN, BOB
Address: 4084 ARNOLD AVE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: ASHLEY, N REX
Address: 1044 CASTELLO DR STE 106
City-St-Zip: NAPLES, FL 34103

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: DT (X) Change () Addition
Name: HAAN, BOB
Address: 2254 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34104

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: BOB HAAN

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05/30/2007

Electronic Signature of Signing Officer or Director

Date