## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

(5)

NAPLES NORTH ROTARY CLUB FOUNDATION, INC.

| ,,,,,   |   |   |   |   |                                       |  |
|---|---|---|---|---|---------------------------------------|--|
| Principal Place of Business   |   | Mailing Address                             |   |   |                                       |  |
| 384 COUNTRY CLUB LANE<br>127 EUGENIA DRIVE<br>NAPLES FL 33942   |   | P.O. BOX 1307<br>NAPLES FL 34106-1307<br>US |   |   |                                       |  |
| US  |   |   |   | 3. Date Incorporated or Qualified 07/21/1987                      | 3a. Date of Last Report<br>05/01/1996 |  |
| 2. Principal Place of Business  |   | 2a. Mailing Address<br>26                   |   | 4. FEI Number 59-2657472  | Applied For Not Applicable            |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                         |   | 5. Certificate of Status Desired                                  | \$8.75 Additional Fee Required        |  |
| City & State  |   | City & Slate                                |   | 6. Election Campaign Financing                                    | \$5.00 May Be                         |  |
| Zip   | Country   | <b>28</b> Zip                               | Country                                     | Trust Fund Contribution  8. This corporation has liability for in | Added to Fees                         |  |
| 24  | 25  | 29  | 30  | Florida Statutes  | Yes 🔀 No                              |  |
|   | 9. Name and Address of Current i                                    | Registered Agent                            |   | 10. Name and Address of New Reg                                   | Istered Agent                         |  |
| <b>6</b> 7444   | TU 101111 4   |   | 81 Name                                     |   |                                       |  |
| STANLEY JOHN A<br>2545 70TH ST, SW  |   |   | B2 Street Add                               | 82 Street Address (P.O. Box Number is Not Acceptable)             |                                       |  |
| NAPLES FL 33999   |   |   | 83  |   |                                       |  |
| ;   |   |   | 84 City                                     |   | FL 85 Zip Code                        |  |
| 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-parted corporation submits this statement for the purpose of changing its register.   |   |   |   |   |                                       |  |
| 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 agen, and tills if anulicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |   |   |   |   |                                       |  |
| 12.   | Signature, typed or printed name of registered agent.  OFFICERS AND | <u>``</u>                                   | E: Registered Agent signature request.  13. | uired when reinstating) ADDITIONS/CHANGES TO OFFICE               | PRS AND DIRECTORS IN 12               |  |
| TITLE   | D   | DELETE                                      | 1.1 TITLE                                   | ADDITIONO/OFFANOLO TO OFFICE                                      | Change Addition                       |  |
| NAME  | MANLEY, PAUL E.   |   | 1.2 NAME                                    |   | -                                     |  |
| STREET ADDRESS  | 384 COUNTRY CLUB LANE   |   | 1.3 STREET ADDRESS                          |   |                                       |  |
| CITY-ST-ZIP   | NAPLES FL   |   | 1.4 CITY-ST-ZIP                             |   |                                       |  |
| TITLE   | D   | ☐ DELETE                                    | 2 1 TITLE                                   |   | Change Addition                       |  |
| NAME  | STANLEY, JOHN   |   | 2 2 NAME                                    |   |                                       |  |
| STREET ADDRESS  | 2545 70TH STREET SW   |   | 23 STREET ADDRESS                           |   |                                       |  |
| CITY-ST-ZIP   | NAPLES FL   |   | 2 4 CITY-ST-ZIP                             |   |                                       |  |
| TITLE   | D   | DELETE                                      | 3 1 TITLE                                   |   | ☐ Change ☐ Addition                   |  |
| NAME  | WELSH, MICHAEL  |   | 3.2 NAME                                    |   |                                       |  |
| STREET ADDRESS  | 2211 MARINA DR  |   | 3.3 STREET ADDRESS                          |   |                                       |  |
| CITY-ST-ZIP   | NAPLES FL   | DELETE                                      | 3.4. CITY - ST - ZIP                        |   |                                       |  |
| TITLE   |   | ☐ DETEIG                                    | 4.1 10 LE                                   |   | Change Addition                       |  |
| NAME  |   |   | 4. 2 NAME                                   |   |                                       |  |
| STREET ADDRESS  |   |   | 4.3 STREET ADDRESS                          |   |                                       |  |
| CITY-\$T-ZIP<br>TITLE   |   | DELETE                                      | 4.4 CITY - ST - ZIP<br>5.1 TITLE            |   | Change Addition                       |  |
| NAME  |   |   | 5.2 NAME                                    |   | Carl Quante Ci Voquiqui               |  |
| STREET ADDRESS  |   |   | 5.2 NAME<br>5.3 STREET ADDRESS              |   |                                       |  |
| CITY+ST-ZIP   |   |   | 54 CITY-ST-ZIP                              |   |                                       |  |
| TITLE   |   | DELETE                                      | 61 TITLE                                    |   | Change Addition                       |  |
| NAME  |   |   | 6.2 NAME                                    |   |                                       |  |
| STREET ADDRESS  |   |   | 6.3 STREET ADDRESS                          |   |                                       |  |
|   |   |   | C.S. D.I.I.EE. PADDIREOS                    |   |                                       |  |

14. I do 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.

**FILED** 

Apr 15 1997 8:00am

Secretary of State