## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N21652

FILED Apr 09, 2007 Secretary of State

Entity Name: NAPLES NORTH ROTARY CLUB FOUNDATION, INC.

urrent Principal Place of Business:		New Principal Place of Business:
O. BOX APLES,	1307 FL 34106 US	9225 GULFSHORE DR. N. NAPLES, FL 34108 US
urrent Mailing Address:		New Mailing Address:
D. BOX APLES,	1307 FL 34106 US	
Number	: 59-2657472 FEI Number Appl	ied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
me and	d Address of Current Registere	ed Agent: Name and Address of New Registered Agent:
45 70TH	, JOHN A H ST, SW FL 34105 US	
	e named entity submits this state e of Florida.	ment for the purpose of changing its registered office or registered agent, or both,
UTANE		Ogistored Agent
EICED	Electronic Signature of Res	egistered Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
e: ne: lress: /-St-Zip:	D ( ) Delete MANLEY, PAUL E 384 COUNTRY CLUB LANE NAPLES, FL	Title: D (X) Change ( ) Addition Name: MANLEY, PAUL E Address: 1199 IMPERIAL DR. City-St-Zip: NAPLES, FL 34110
e: me: dress:	S () Delete STANLEY, JOHN 2545 70TH STREET SW NAPLES, FL 34105	Title: ( ) Change ( ) Addition Name: Address:
y-St-Zip:	====, . = =	City-St-Zip:
e: ne: ress:	D ( ) Delete BELCASTRO, ROBERT L 2363 CRAYTON RD NAPLES, FL 34103	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
r-St-Zip: e: ne: ress: r-St-Zip: e: ne: ress: r-St-Zip:	D () Delete BELCASTRO, ROBERT L 2363 CRAYTON RD	Title: ( ) Change ( ) Addition Name: Address:
e: ne: ress: -St-Zip: e: ne: ress:	D () Delete BELCASTRO, ROBERT L 2363 CRAYTON RD NAPLES, FL 34103  T () Delete MOORE, MICHAEL J 582 GORDONIA RD	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:

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: MICHAEL J. MOORE TREA 04/09/2007