

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21652

FILED
Apr 15, 2008
Secretary of State

Entity Name: NAPLES NORTH ROTARY CLUB FOUNDATION, INC.

Current Principal Place of Business:

9225 GULF SHORE DR. N.
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1307
NAPLES, FL 34106 US

New Mailing Address:

FEI Number: 59-2657472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANLEY, JOHN A
2545 70TH ST, SW
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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: D () Delete
Name: MANLEY, PAUL E
Address: 1199 IMPERIAL DR.
City-St-Zip: NAPLES, FL 34110

Title: S () Delete
Name: STANLEY, JOHN
Address: 2545 70TH STREET SW
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: BELCASTRO, ROBERT L
Address: 2363 CRAYTON RD
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: MOORE, MICHAEL J
Address: 582 GORDONIA RD
City-St-Zip: NAPLES, FL 34108

Title: P () Delete
Name: VITALE, CHARLES
Address: 10442 VANDERBILT DR.
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: CLAPPER, JOHN
Address: 40 3RD AVE S
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: BELCASTRO, ROBERT L
Address: 2363 CRAYTON RD
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VITALE, CHARLES
Address: 10442 VANDERBILT DR.
City-St-Zip: NAPLES, FL 34108

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: MICHAEL J. MOORE

TREA

04/15/2008

Electronic Signature of Signing Officer or Director

Date