FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47104 (7)

1. Corporation Name
NAPLES-PELICAN BAY ROTARY CLUB FOUNDATION, INC.

Principal Place of Business
~~1080 GOODLETTE ROAD~~
~~NAPLES FL 33940~~

Mailing Address
~~1080 GOODLETTE ROAD~~
~~NAPLES FL 33940~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1992
3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0337705 — Applied For / Not Applicable

2. Principal Place of Business
21 4001 Tamiami Tr. N
Suite, Apt. #, etc.
22 #250
City & State
23 Naples Fl
Zip
24 33940
Country
25 Collier

2a. Mailing Address
26 Same 4001 Tamiami Tr N
Suite, Apt. #, etc.
27 #250
City & State
28 Naples Fl
Zip
29 33940
Country
30 Collier

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

STETLER, RONALD L.
~~1080 GOODLETTE ROAD~~
~~NAPLES FL 33940~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 4001 Tamiami Tr N
83 Naples Fl
84 City FL 85 Zip Code 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	REYNOLDS, ALAN
STREET ADDRESS	3200 BAILEY LANE
CITY, ST, ZIP	NAPLES FL
TITLE	D
NAME	STETLER, RONALD L.
STREET ADDRESS	1080 GOODLETTE RD.
CITY, ST, ZIP	NAPLES FL
TITLE	D
NAME	SMADING, DON
STREET ADDRESS	3377 GULFSHORE BLVD. N.
CITY, ST, ZIP	NAPLES FL
TITLE	D
NAME	OWENS, TIM
STREET ADDRESS	3906 TAMIAMI TRAIL EAST
CITY, ST, ZIP	NAPLES FL
TITLE	D
NAME	RICHARDSON, JIM
STREET ADDRESS	4557 PARROT AVENUE
CITY, ST, ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Ronald L. Stetler — Ronald L. Stetler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-26-95
Daytime Phone #: 597-6127

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