

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N47104** (7)

1. Corporation Name

**NAPLES-PELICAN BAY ROTARY CLUB FOUNDATION, INC.**

Principal Place of Business

Mailing Address

4001 TAMiami TR. N  
#250  
NAPLES FL 33940  
US

4001 TAMiami TR. N  
#250  
NAPLES FL 33940  
US



3. Date Incorporated or Qualified

01/28/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0337705

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STETLER, RONALD L.  
4001 TAMiami TR N  
NAPLES FL 33940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D REYNOLDS, ALAN**  
STREET ADDRESS **3200 BAILEY LANE**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **D STETLER, RONALD L.**  
STREET ADDRESS **1080 GOODLETTE RD.**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **D SMADING, DON**  
STREET ADDRESS **3377 GULFSHORE BLVD. N.**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **D OWENS, TIM**  
STREET ADDRESS **3906 TAMiami TRAIL EAST**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **D RICHARDSON, JIM**  
STREET ADDRESS **4557 PARROT AVENUE**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)