

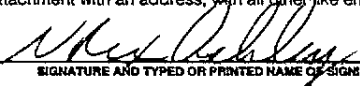


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N47104 1. Entity Name NAPLES-PELICAN BAY ROTARY CLUB FOUNDATION, INC.					
Principal Place of Business P.O. BOX 110777 NAPLES, FL 34108-0113 US		Mailing Address P.O. BOX 110777 NAPLES, FL 34108-0113 US			
DO NOT WRITE IN THIS SPACE					
				 03092005 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 65-0337705		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ASHLEY, N REX 1044 CASTELLO DRIVE STE #106 NAPLES, FL 34103				DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DP HILLOCK, BEN 6220 TAYLOR ROAD NAPLES, FL 34108			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DPE PREU, PETER 566 CORBEL DRIVE NAPLES, FL 34110			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DS PARKS, HARRY 7707 GROVES ROAD NAPLES, FL 34109			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DT CARNEY, BOB 4099 TAMAIMI TRAIL STE 100 NAPLES, FL 34103			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D ASHLEY, N REX 1044 CASTELLO DR STE 106 NAPLES, FL 34103			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		N Rex Ashley 4/20/05 239-261-7200			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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04/25/05-80083-017 61.25

**DO NOT WRITE
IN THIS SPACE**