2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

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DOCUMENT # N47104 1. Entity Name NAPLES-PELICAN BAY ROTARY CLUB FOUNDATION, INC.							Secretary of State 04-27-2006 90195 024 ****61.25				
Principal Place of Business P.O. BOX 110777 P.O. BOX 110 NAPLES, FL 34108-0113 US Mailing Address P.O. BOX 110 NAPLES, FL 34108-0113 US NAPLES, FL 3				13 US		•					
		3. Mai	Mailing Address								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				04242006 (Chg-NP	CR2E0	37 (11/05)	
City & State		Ci	ty & State			4. FEI Number Applied For 65-0337705 Not Applicable					
Zip	Country	Zij	р	Cou	intry		5. Certificate of	Status Desir	ed 🗍	\$8.75 Add Fee Require	
	6. Name and Address of Curre	nt Register	ed Agent			*****	7. Name and Ad	idress of N	ew Registered	Agent	
ASHLEY, N REX				Name							
STE #106	TELLO DRIVE		Street Addre			ICITESS (I	ss (P.O. Box Number is Not Acceptable)				
NAPLES, F	FL 34103				City					Zip Cod	le
					L		·		FL	• <u> </u>	
	named entity submits this statement	t for the purp	cose of changing its m	egistere	ed office or t	register	ed agent, or both,	in the State	of Florida. I am	familiar with,	and accept
the obligat	tions of registered agent.										
SIGNATURE											
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if app	plicable. (NOTE:	Registere	d Agent signatur	re required	when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2006	jent and title if ap	9. Election Camp Trust Fund Co	paign F	inancing	ce required	\$5.00 May Be Added to Fees		·	k payable t	
	Filing Fee is \$61.25 Due by May 1, 2006		9. Election Camp Trust Fund Co	paign F ontribut	inancing		\$5.00 May Be Added to Fees	GES TO OF	Make chec Fiorida Depa	rtment of S	tate
SIGNATURE .	Filing Fee is \$61.25		9. Election Camp Trust Fund Co	paign F	inancing ion. [\$5.00 May Be	GES TO OF	Make chec Fiorida Depa	rtment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 1

MANUSCHALLEY UREX H-

125/06 239-261-7200