NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # N51209 1. Corporation Name

NAPLIES	GULFSHORE ROTARY CLU	IB FOUNDATION, INC.				
Principal Place 2231 FORRES STE 308		Mailing Address  2231 FORREST LANE STE 306			-,	
NAPLES FL 33	3940	NAPLES FL 33940				
	amiami Tr. N	2a. Mailing Address	<b>2</b>	3. Date Incorporated or Qualifed 10/03/1992	- <del></del>	
Suite, Apt.		Suite, Apt. #, etc.		4. FEI Number 65-0376916	Not	Applicable
City & Sitat 23 <b>(1)</b>	W. FL	City & State  28 Napici FL			\$8.75 A	Julied
24 34/C		_ <del></del>	Country ο γι.Σ.	Electic n Campaign Financing     Trust Fund Contribution      Name and Address of New Register	\$5.00 i Added to red Apent	
	9. Name and Address of Current	Registered Agent	81 Name	Cohert Samone		
	EUR, PHILIP M. JR RREST LANE		2.	Idress (P.O. Bo; Number is Not Acceptable)	#308	
STE 308 NAPLES F			83 City		RS Zin C	ode
		and 617 1508 Florida Statides	A		of changing its	2 egistered
	to trie provisions of Sactions 011.0002	Condition Court abanca was suff	haritand but the common	tion's board of directors. I hereby accent the an	pointment as red	isterad
office or r agent. I a	ragistered agent, or both, in the State of im familiar with, and a coept the obligat	ons of, Section 617.0503, Florid	la Starules.	moretion submits this statement for the purpose stion's board of sirectors. I hereby accept the ap	./_	
office or r agent. I a SIGNATURE			a Statutes.	ired when reinstating) DATE	<u>/ /7</u>	) ;
	registered agent, or bcth, in the State or im familiar with, and a copil the obligate signature. In the state of the state	and title if applicable. (NOTE: R	agistered Agent signature req. 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 1/2
SIGNATURE	Signature, typed or printed in the of registered agent OFFICERS AN!	and title if applicable. (NOTE. R	agistered Agent signature req.	ADDITIONS/CHANGES TO OFFICERS	<u>/ /7</u>	) ;
SIGNATURE	Signature, typed or printed in the of registered agent OFFICERS AND D BUCK, HERBERT J.	and title if applicable. (NOTE: R	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 1/2
SIGNATURE  12.  TIFLE	Signature, typed or printed in me of registered agent OFFICERS AND BUCK, HERBERT J. 215 S. AIRPORT HD.	and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	Avid Cook: AUI BONITA Day Blud.	AND DIRECTOR	RS IN 1/2
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NAPLES FL 34108 6.4 CITY-ST-ZIP 14. 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 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, and an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS 5801 PELICAN BAY BLVD

<del>れ</del>EQUIRED

May 24, 1999 8:00 am Secretary of State

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