

FILED

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N51209

1. Corporation Name

NAPLES GULFSHORE ROTARY CLUB FOUNDATION, INC.

Principal Place of Business

2231 FORREST LANE
STE 308
NAPLES FL 33940

Mailing Address

2231 FORREST LANE
STE 308
NAPLES FL 33940

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2400 Tamiami Tr. N.		25 P.O. Box 352		10/03/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 303		27		65-0376916	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Naples FL		28 Naples FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24 34103		29 34106		30 U.S.	
Country		Country		Country	
25 U.S.		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
FRANCOEUR, PHILIP M. JR 2231 FORREST LANE STE 308 NAPLES FL 33940			81 Name Robert Samonte		
			82 Street Address (P.O. Box Number is Not Acceptable) 2325 N. TAMIAAMI TR. #308		
			83		
			84 City Naples		
			85 Zip Code FL 34112		
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 617.0502, Florida Statutes.					
SIGNATURE _____ DATE 4/12/99					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	David Cook
NAME	BUCK, HERBERT J.	1.2 NAME	3461 Bonita Bay Blvd.
STREET ADDRESS	215 S. AIRPORT RD.	1.3 STREET ADDRESS	Bonita Springs, FL 34134
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	
NAME	MEANS, STEPHEN A.	2.2 NAME	
STREET ADDRESS	250 TIMBER LAKE CIRCLE, #201	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	
NAME	BALL, DAVID	3.2 NAME	
STREET ADDRESS	3560 TAMIAAMI TRAIL N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	
NAME	DAVIDSON, JIM	4.2 NAME	
STREET ADDRESS	3207 60TH ST SW	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ELLIS, TOM	5.2 NAME	
STREET ADDRESS	185 JOHNNYCAKE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	DS	6.1 TITLE	
NAME	MATHIAS, MATT	6.2 NAME	
STREET ADDRESS	5801 PELICAN BAY BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	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, or on an attachment with an address, with all other like empowered.

SIGNATURE: John D. In the required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

941 241-8337

Daytime Phone #

CR2E037 (1/198)