


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90457 049 ****61.25

DOCUMENT # N51209 1. Entity Name NAPLES GULFSHORE ROTARY CLUB FOUNDATION, INC.					
Principal Place of Business 2400 TAMiami TR N 303 NAPLES, FL 34103 US			Mailing Address PO BOX 352 NAPLES, FL 34106 US		
2. Principal Place of Business Suite, Apt. #, etc. 201		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0376916	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMOUSE, ROBERT 2375 N TAMiami TR STE 308 NAPLES, FL 34112				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KILPATRICK, JON 3748 ARNOLD AVE. NAPLES, FL 34104 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDANIEL, MARSHA 8850 TAMiami TRAIL N. NAPLES, FL 34104 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAMOUSE, ROBERT 11219 SALVIA LANE NAPLES, FL 34105 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Samouce, Robert	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVIDSON, JIM 10123 BOCA CIRCLE NAPLES, FL 34109 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Delete IRONS, JOHN 5150 TAMiami TRAIL NORTH NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ryon, Mike 850 Park Shore Drive #100 Naples, FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KUKK, JOHN 227 AIRPORT ROAD SOUTH NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Titus, John 9710 Winchester Wood Naples, FL 34109	
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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Jim Davidson 4-21-04 239-261-8337 <small>Date Daytime Phone #</small>		