
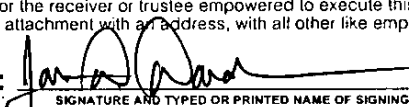


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90407 033 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0376916	
5. Certificate of Status Desired <input type="checkbox"/>				<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 _____ FL Zip Code _____		
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, 2007		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	D	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KILPATRICK, JON		NAME	MILES, PETER	
STREET ADDRESS	3748 ARNOLD AVE.		STREET ADDRESS	2911 TAMiami TRAIL NORTH	
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDANIEL, MARSHA		NAME	SAMOUSE, ROBERT	
STREET ADDRESS	8850 TAMiami TRAIL N.		STREET ADDRESS	1219 SALVIA LANE	
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSHA, STACY		NAME		
STREET ADDRESS	200 PEBBLE BEACH BLVD., #102		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, JIM		NAME		
STREET ADDRESS	10123 BOCA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYON, MIKE		NAME		
STREET ADDRESS	850 PARK SHORE DR # 100		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITUS, JOHN		NAME	TITUS, JOHN	
STREET ADDRESS	9710 WINCHESTER WOOD		STREET ADDRESS	9710 WINCHESTER WOOD	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	NAPLES, FL 34109	
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: 			JAMES DAVIDSON		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>4/24/07</small> <small>Date</small>		
			<small>Daytime Phone #</small>		