


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N51209</b>		
1. Entity Name NAPLES GULF SHORE 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	



02142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0376916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		<b>DO NOT WRITE IN THIS SPACE</b>
SAMOUSE, ROBERT 2375 N TAMiami TR STE 308 NAPLES, FL 34112		

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILES, PETER 2911 TAMiami TRAIL NORTH NAPLES, FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMOUSE, ROBERT 1219 SALVIA LANE NAPLES, FL 34105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERSHA, STACY 200 PEBBLE BEACH BLVD., #102 NAPLES, FL 34113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVIDSON, JIM 10123 BOCA CIRCLE NAPLES, FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYON, MIKE 850 PARK SHORE DR # 100 NAPLES, FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS TITUS, JOHN 9710 WINCHESTER WOOD 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:**  **2/25/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #