2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N51209

Entity Name: NAPLES GULFSHORE ROTARY CLUB FOUNDATION, INC.

Current Principal Place of Business:

2400 TAMIAMI TR N
303
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 352
NAPLES, FL 34106 US

New Mailing Address:

FEI Number: 65-0376916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMOUSE, ROBERT
2375 N TAMIAMI TR
STE 308
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	DV	( ) Delete
Name:	MILES, PETER	
Address:	2911 TAMIAMI TRAIL NORTH	
City-St-Zip:	NAPLES, FL 34103	
Title:	D	( ) Delete
Name:	SAMOUCE, ROBERT	
Address:	1219 SALVIA LANE	
City-St-Zip:	NAPLES, FL 34105	
Title:	DP	( ) Delete
Name:	HERSHA, STACY	
Address:	200 PEBBLE BEACH BLVD., #102	
City-St-Zip:	NAPLES, FL 34113	
Title:	DT	( ) Delete
Name:	DAVIDSON, JIM	
Address:	10123 BOCA CIRCLE	
City-St-Zip:	NAPLES, FL 34109	
Title:	D	( ) Delete
Name:	RYON, MIKE	
Address:	850 PARK SHORE DR # 100	
City-St-Zip:	NAPLES, FL 34103	
Title:	DPS	( ) Delete
Name:	TITUS, JOHN	
Address:	9710 WINCHESTER WOOD	
City-St-Zip:	NAPLES, FL 34109	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM DAVIDSON DT 04/28/2009

Electronic Signature of Signing Officer or Director Date