2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N9300000606 1. Entity Name THE ROTARY CLUB OF CAPE CORAL-NORTH, INC.

FILED Jan 23, 2006 8:00 am **Secretary of State**

01-23-2006 90049 035 ****61.25

						1.35	TIG					
Principal Place of Business 12730 NEW BRITTANY BLVD 305 FORT MYERS, FL 33907 US			P O BOX	Mailing Address P O BOX 150307 CAPE CORAL, FL 33915 US				60005182				
Principal Place of Business 3. N				. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01162006	Chg-NP	CR2E	37 (11/05)		
City & State			City & State				4. FEI Numbe 65-0389		-		oplied For of Applicable	
Zip	Country Country			Zip Cour			5. Certificate of Status Desired Sa.75 Additional Fee Required					
6. Name and Address of Current Registered Agent								7. Name and	Address of Nev	w Registered	Agent	
						Name				·		
SASSO, M DANIEL 4223 DEL PRADO BLVD				Street A			ddress (P.O. Box Number is Not Acceptable)					
CAPE CORAL, FL 33904												
		City					FL	Zip Cod	ė			
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.												and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
					Election Campaign Financing frust Fund Contribution.			\$5.00 May Be Added to Fees	F		k payable to	
10.		OFFICERS AND DIF	RECTORS		11.			ADDITIONS/CHA	NGES TO OFFI	CERS AND D	IRECTORS IN	l 10
TITLE *NAME STREET ADDRESS CITY-ST-ZIP		DIANE B 47TH TERRACE #201 PRAL, FL 33914					54556 411	ecton M. Dan 3 Deil A Coroli	11EL 1008LVB FL 3390	54.	☐ Change	⊠ Addition
TITLE	Р			☐ Delete TITL			DIRE	ELTOR				Addition
NAME	GILEDS, I	PAT		NAM			GILE	s, THOMA	r.			
STREET ADDRESS	3532 SE 1	17TH PLACE		STRE			150	ME				
CITY-ST-ZIP		RAL, FL 33904			CITY-	ST-ZIP	/					
TITLE	D MANFIELD, MIKE			☐ Delete . TITLE			HRE	SIDENT			Change	Addition
NAME STREET ADDRESS	4428 SE 1ST PLACE			NAME STREE			150	ME				
CITY-ST-ZIP	CAPE CORAL, FL 33904			CITY-			/					
TITLE	D			Delete	TITLE		DIRE	CTOP		•	☐ Change	X Addition
NAME	SANDERS	S, CHRIS		• (NAME		i e	PN ZAGAN	63			•
STREET ADDRESS	l .					T ADDRESS		DELPM De		1.		
CITY-ST-ZIP	-	RAL, FL 33914			╉──	ST-ZIP	CAPE	GRAL, 1	- 3390	<u> </u>		
TITLE NAME	S PHYLLIS, SHELTON			☐ Delete TITLE NAME							☐ Change	☐ Addition
STREET ADDRESS 4018 SE 12TH AVENUE #103				STREE								
CITY-ST-ZIP						ST-ZIP						:
TITLE	Т			☐ Delete	TITLE	•		•			☐ Change	☐ Addition
NAME				NAME								_
STREET ADDRESS 12730 NEW BRITANNY BLVD, #305						T ADDRESS						
CITY-S1-ZIP FORT MYERS, FL 33907 CITY. 12. I hereby certify that the information supplied with this filing does not qualify for the even						ST-ZIP	L					<u> </u>
12 Inereby (certity that the	e information supplied with	this tiling does	s not qualify for t	ne ever	motions c	ontained	in Chanter 119	Florida Statutes	1 turther cer	tity that the in	tormation :

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD S. HAW TREASURER

1-16-06

239-275-4223

Daytime Phone #