

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90026 037 ****61.25

DOCUMENT # N94000005489

1. Entity Name
ROTARY CLUB OF BONITA SPRINGS NOON, INC.



Principal Place of Business
PO BOX 1092
BONITA SPRINGS, FL 34133

Mailing Address
PO BOX 1092
BONITA SPRINGS, FL 34133

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

01212008

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0344683

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROACH, PHILLIP
28179 VANDERBILT DR
#1
BONITA SPRINGS, FL 34134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restatearing)

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME MCKEE, DAVID ☒ Delete
STREET ADDRESS 22210 FAIRMONT COURT
CITY-ST-ZIP ESTERO, FL 33928

TITLE P
NAME MCLEOD, JON ☒ Change ☐ Addition
STREET ADDRESS 17501 STEPPING STONE
CITY-ST-ZIP Fort Myers, FL 33912

TITLE VP
NAME MCLEOD, JON ☐ Delete
STREET ADDRESS 17501 STEPPING STONE
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE V
NAME MODARELLI, VINCE ☒ Change ☐ Addition
STREET ADDRESS 20391 ROOKERY DRIVE
CITY-ST-ZIP ESTERO, FL 33928

TITLE S
NAME MODARELLI, VINCE ☐ Delete
STREET ADDRESS 20391 ROOKERY DRIVE
CITY-ST-ZIP ESTERO, FL 33928

TITLE S
NAME GAULT, CAMPBELL ☐ Change ☒ Addition
STREET ADDRESS 20340 ROOKERY DRIVE
CITY-ST-ZIP ESTERO, FL 33928

TITLE T
NAME WIEBEL, DOUGLAS E ☐ Delete
STREET ADDRESS 9420 BONITA BEACH RD, SUITE 200
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE T
NAME HALL, CINDY ☐ Change ☒ Addition
STREET ADDRESS 10988 BONITA BEACH ROAD
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME WIEBEL, DOUGLAS E. ☒ Change ☐ Addition
STREET ADDRESS 9420 BONITA BEACH ROAD, STE 200
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME WILSON, CHUCK ☐ Change ☒ Addition
STREET ADDRESS 11538 WOODMOUNT LANE
CITY-ST-ZIP ESTERO, FL 33928

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] President

1/24/08

239 466 3474