

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90010 044 ****61.25

DOCUMENT # N99000003498

1. Entity Name
**THE ROTARY CLUB OF BONITA SPRINGS-NOON
FOUNDATION, INC.**



Principal Place of Business
**P.O. BOX 1989
BONITA SPRINGS, FL 34133**

Mailing Address
**PO BOX 1989
BONITA SPRINGS, FL 34133**

40025931



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3607602

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BALLO, DON
11680 BONITA BEACH RD
SUITE 202
BONITA SPRINGS, FL 34135**

Name

Street Address (P.O. Box Number is Not Acceptable)

9746 Spring Ridge Circle

City

Estero

FL

Zip Code

33928

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 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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **BALLO, DON**
STREET ADDRESS **11680 BONITA BEACH RD SUITE 202**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE ☒ Change ☐ Addition
NAME **P.O. Box 1989**
STREET ADDRESS **Bonita Springs, FL 34135**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BARR, EMEROY**
STREET ADDRESS **3561 LAKEMONT DRIVE**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **ZICCARELLI, DAVID**
STREET ADDRESS **P.O. BOX 1092**
CITY-ST-ZIP **BONITA SPRINGS, FL 34133**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS **9534 Campbell Circle**
CITY-ST-ZIP **Naples, FL 34109**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **VANCE, AUDREY**
STREET ADDRESS **26470 BAY ROAD**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **McKee, David**
STREET ADDRESS **22210 Fairmont Ct.**
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:

Douglas Wiebel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/08
Date

239-992-6211
Daytime Phone #