2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21652

Entity Name: NAPLES NORTH ROTARY CLUB FOUNDATION, INC.

FILED Feb 02, 2021 Secretary of State 4139178510CC

Current Principal Place of Business:

9225 GULFSHORE DR. N. NAPLES, FL 34108

Current Mailing Address:

P.O. BOX 1307

NAPLES. FL 34106 US

FEI Number: 59-2657472 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOORE, MICHAEL J 582 GORDONIA RD NAPLES, FL 34108 US

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: MICHAEL J. MOORE 02/02/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

| Title | SECRETARY | Title | TREASURER |
|-----------------|--------------------|-----------------|------------------|
| Name | BORSELLI, KIM | Name | MOORE, MICHAEL J |
| Address | 1625 PINE RIDGE RD | Address | 582 GORDONIA RD |
| City-State-Zip: | NAPLES FL 34109 | City-State-Zip: | NAPLES FL 34108 |

| Title | DIRECTOR | Title | DIRECTOR |
|-----------------|----------------------|-----------------|-----------------|
| Name | HOYT, MICHAEL | Name | FOSTER, JOE |
| Address | 4423 RAFFIA PALM CIR | Address | 4730 VIA CARMEN |
| City-State-Zip: | NAPLES FL 34119 | City-State-Zip: | NAPLES FL 34105 |

| Title | PAST PRESIDENT | Title | DIRECTOR |
|---------|------------------|-----------------|----------------------|
| Name | CONROY, DOUG | Name | SULLIVAN, FRITZ |
| Address | 5621 STRAND BLVD | Address | 2003 E. IMPERIAL DR. |
| | SUITE 105 | City State Zing | NADITO EL 24110 |

City-State-Zip: NAPLES FL 34110

| | | Tille | PRESIDENT |
|---------|------------------|-----------------|-------------------|
| Title | DIRECTOR | Name | DIGIACOMO, DENNIS |
| Name | FOLEY, LOU | Address | 300 5TH AVE S. |
| Address | 1077 29TH AVE N. | City-State-Zip: | NAPLES FL 34102 |

City-State-Zip: NAPLES FL 34103

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DDECIDENT

Title

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL J. MOORE TREASURER 02/02/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name GARLAND, ALEX

Address 710 11TH ST. SW

City-State-Zip: NAPLES FL 34117

Title DIRECTOR

Name KERSKIE, CARRIE

Address 5252 HICKORY WOOD DR.

City-State-Zip: NAPLES FL 34119

Title DIRECTOR
Name MAPLES, KEITH
Address 1996 JACKLIN CT
City-State-Zip: NAPLES FL 34120

Title TREASURER

Name FRANKE, GERD

Address 4726 VIA CARMEN

City-State-Zip: NAPLES FL 34105

Title PRESIDENT ELECT
Name MATTEAU, STEVE
Address 2286 BRUNNER LANE
City-State-Zip: FT MYERS FL 33912