

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51209

**Entity Name:** NAPLES GULFSHORE SUNSET ROTARY CLUB FOUNDATION, INC.

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC0210897976**

**Current Principal Place of Business:**

2400 TAMIAMI TR N  
201  
NAPLES, FL 34103

**Current Mailing Address:**

PO BOX 352  
NAPLES, FL 34106 US

**FEI Number: 65-0376916**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DAVIDSON, JAMES  
2400 TAMIAMI TRAIL NORTH  
STE 201  
NAPLES, FL 34103 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           DAVIDSON, JAMES D  
Address        2400 TAMIAMI TRAIL NORTH  
                  SUITE 201  
City-State-Zip:   NAPLES FL 34103

Title           VP, DIRECTOR  
Name           SAMOUCÉ, ROBERT  
Address        2400 TAMIAMI TRAIL N # 201  
City-State-Zip:   NAPLES FL 34106

Title           SECRETARY, DIRECTOR  
Name           MOORE, GARY  
Address        2400 TAMIAMI TRAIL N # 201  
City-State-Zip:   NAPLES FL 34106

Title           PRESIDENT, DIRECTOR  
Name           HERRINGTON, DAN  
Address        2400 TAMIAMI TR N  
                  201  
City-State-Zip:   NAPLES FL 34103

*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: JAMES DAVIDSON**

**TREASURER, DIRECTOR   03/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date