

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

08-11-2006 90002 045 \*\*\*\*61.25

**DOCUMENT # F96000005343**



1. Entity Name  
**THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL, INC.**

Principal Place of Business  
**1560 SHERMAN AVENUE  
 ONE ROTARY CENTER  
 EVANSTON, IL 60201**

Mailing Address  
**1560 SHERMAN AVENUE  
 ONE ROTARY CENTER  
 EVANSTON, IL 60201**

**50025006**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number  
**36-3245072**

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

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by September 6, 2006**

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

TITLE	T	<input type="checkbox"/> Delete
NAME	ABDALLA, MICHAEL W	
STREET ADDRESS	4022 ROLLING GREEN LANE	
CITY-ST-ZIP	ORANGE, CA 92867	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	DEVLYN, FRANK	
STREET ADDRESS	CERVANTES SAAVEDRA 31, COL. GRANADA	
CITY-ST-ZIP	11520 MEXICO, D.F., MEXICO,	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ABDALLA, MICHAEL W	
STREET ADDRESS	4022 ROLLING GREEN LANE	
CITY-ST-ZIP	ORANGE, CA 92867	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, CAROLYN E	
STREET ADDRESS	6856 DOUBLETREE COURT	
CITY-ST-ZIP	ANCHORAGE, AK 99507	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHANDE, JAYANTILAL	
STREET ADDRESS	P.O. BOX 9251	
CITY-ST-ZIP	DAR ES SALAAM, TANZANIA,	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FUTA, EDWIN	
STREET ADDRESS	1560 SHERMAN AVENUE	
CITY-ST-ZIP	EVANSTON, IL 60201	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis Vicente Giay	
STREET ADDRESS	Dorrego 200, B 2740APD	
CITY-ST-ZIP	Arrecifesm BD, AS, Argentina	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenn Estess, Sr	
STREET ADDRESS	3844 N. Woodridge Road	
CITY-ST-ZIP	Birmingham, AL 35223-1449	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*E. Futa*  
 28 Jul 06

Date

Daytime Phone #