

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22652

**Entity Name:** ROTARY CLUB OF GAINESVILLE FOUNDATION, INC.**Current Principal Place of Business:**11908 NE STATE RD 26  
GAINESVILLE, FL 32641**Current Mailing Address:**9330 NW 13 PL  
GAINESVILLE, FL 32606**FEI Number:** 59-2914025**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EUBANK, F WESLEY  
9330 NW 13 PL  
GAINESVILLE, FL 32606 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 VP, DIRECTOR  
Name BOYD, WILLIAM D  
Address 9330 NW 13 PL  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name SMITH, KIRK  
Address 9330 NW 13 PL  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name BOOK, ED  
Address 9330 NW 13 PL  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name SHANK, JASON  
Address 9330 NW 13 PL  
City-State-Zip: GAINESVILLE FL 32606

Title TREASURER, DIRECTOR  
Name EUBANK, F WESLEY  
Address 9330 N W 13TH PL  
City-State-Zip: GAINESVILLE FL 32606-5592

Title DIRECTOR  
Name GRACY, M DAVID  
Address 9330 NW 13 PL  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name FLEMING, GREG  
Address 9330 NW 13 PL  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR, CHAIRMAN  
Name BRADDY, MATTHEW E  
Address 11908 NE STATE RD 26  
City-State-Zip: GAINESVILLE FL 32641

**Continues on page 2**

*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:** F WESLEY EUBANK**TREASURER****04/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CAUSSEAU, RORY PIERCE  
Address 9330 NW 13 PL  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name KEENE, LINDA COLLEEN  
Address 9330 NW 13 PL  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name REINHART, LYNDA MARIE  
Address 9330 NW 13 PL  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR, CHAIRMAN  
Name YOUNG, WILLIAM GREGORY  
Address 9330 NW 13 PL  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name MUELLER, ELIZABETH  
Address 9330 NW 13TH PL  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name IRBY, PATRICK  
Address 9330 NW 13TH PL  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name HOUSTON, SHERRY NUNGESSER  
Address 9330 NW 13 PL  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name MCKEY, DWIGHT M  
Address 9330 NW 13 PL  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name THOMPSON, CHARLES RYAN  
Address 9330 NW 13 PL  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name PYCHE, TJ  
Address 9330 NW 13TH PL  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR, SECRETARY  
Name LAWRENCE, FREDERICK PARKER  
Address 9330 NW 13TH PL  
City-State-Zip: GAINESVILLE FL 32606

Title PRESIDENT  
Name THOMAS, JON T  
Address 9330 NW 13TH PL  
City-State-Zip: GAINESVILLE FL 32606