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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763374

1. Corporation Name

DISTRICT 697 FOUNDATION OF ROTARY, INC.

Principal Place of Business

4010 NW 25 PLACE  
GAINESVILLE FL 32606

Mailing Address

P.O. BOX 13442  
GAINESVILLE FL 32604



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/20/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2319085

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

Fee Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YORK, E T JR  
4020 SW 78 STREET  
GAINESVILLE FL 32608-3608

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME YORK, E T JR  
STREET ADDRESS 4020 SW 78 STREET  
CITY-ST-ZIP GAINESVILLE FL 32608-3608

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE STD  
NAME PATRICK, HOWARD W  
STREET ADDRESS 4205 NW 23 AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32605-1679

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD  
NAME SHORE, MELANIE  
STREET ADDRESS 5206 NW 47 LANE  
CITY-ST-ZIP GAINESVILLE FL 32606

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Melanie Shore* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 314-5314  
Date Daytime Phone #

CR2E037 (11/98)