


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 763374**  
 1. Entity 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

**DO NOT WRITE IN THIS SPACE**



04222004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-2319085 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YORK, E T JR 4020 SW 78 STREET GAINESVILLE, FL 326083608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PATRICK, HOWARD W 4205 NW 23 AVENUE GAINESVILLE, FL 326051679
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHORE, MELANIE 5206 NW 47 LANE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000128160  
 04/26/04-80026-021 61.25

**DO NOT WRITE IN THIS SPACE**

12. 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 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 persons empowered

**SIGNATURE:**  **Howard W Patrick** 4-22-04 352/372-6300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #