

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90073 013 \*\*\*\*61.25

**DOCUMENT # 763374**  
 1. Entity Name  
 ROTARY DISTRICT 6970 YORK FOUNDATION, 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 - No P.O. Box #  
 PO Box 47195  
 Suite, Apt. #, etc.

3. Mailing Address  
 PO Box 47195  
 Suite, Apt. #, etc.

City & State  
 Jax, FL

City & State  
 Jax, FL

Zip  
 32247

Country

Zip  
 32247

Country

40005000

01292007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

Name  
 E. F. Goodman, Jr.

Street Address (P.O. Box Number is Not Acceptable)  
 2435 NW 29 Place

City  
 Gainesville

FL

Zip Code  
 32605

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 *E.F. Goodman, Jr.* E.F. Goodman, Jr. Treas. 1-31-07  
Signature, typed or printed name of registered agent and title if applicable (If current registered agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD YORK, E T JR 4020 SW 78 STREET GAINESVILLE, FL 326083608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PATRICK, HOWARD W 4205 NW 23 AVENUE GAINESVILLE, FL 326051679	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHORE, MELANIE 5206 NW 47 LANE GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Governor - D Brent Williams PO Box 47195 Jax, FL 32247	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer - D E F Goodman PO Box 47195 Jax, FL 32247	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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 *E.F. Goodman, Jr.* E.F. Goodman, Jr. Treas. 1-31-07 904-396-4105  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #