

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90065 005 ****61.25

DOCUMENT # 763374

1. Entity Name
ROTARY DISTRICT 6970 YORK FOUNDATION, INC.



Principal Place of Business
PO BOX 47195
JACKSONVILLE, FL 32247

Mailing Address
PO BOX 47195
JACKSONVILLE, FL 32247

40051474



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042008 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

GOODMAN, E.F. JR
2435 NW 29TH PLACE
GAINESVILLE, FL 32605

7. Name and Address of New Registered Agent

Name Cecil F. Gibson, III
Street Address (P.O. Box Number is Not Acceptable)
11568 Lois Cross Dr

City Jacksonville FL Zip Code 32258

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

Cecil F. Gibson, III

Cecil Gibson, District Governor 3-11-08

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 May 1, 2008

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 GD ☒ Delete
NAME WILLIAMS, BRENT
STREET ADDRESS PO BOX 47195
CITY-ST-ZIP JACKSONVILLE, FL 32247

TITLE TD ☒ Delete
NAME GOODMAN, E.F.
STREET ADDRESS PO BOX 47195
CITY-ST-ZIP JACKSONVILLE, FL 32247

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Governor-D ☒ Change ☐ Addition
NAME Cecil F. Gibson, III
STREET ADDRESS PO Box 47195
CITY-ST-ZIP Jacksonville, FL 32247

TITLE Treasurer-D ☒ Change ☐ Addition
NAME Dave Dollieslayer
STREET ADDRESS PO Box 47195
CITY-ST-ZIP Jacksonville, FL 32247

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Cecil Gibson

District Governor

Date

Daytime Phone #

3-11-08

904-396-4105