FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JAN 20 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31811 (5)

1. Corporation Name
ROTARY DISTRICT 694 FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O FRANK H. RUFF POST OFFICE DRAWER 570 MADISON FL 32341-0570	C/O FRANK H. RUFF POST OFFICE DRAWER 570 MADISON FL 32341-0570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1989
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-2959080 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CLARK, WILLIAM B.
105 S.E. LAKE STREET
MADISON FL 32340

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MCLANE, C.E.	1.2 NAME	
STREET ADDRESS	P.O. BOX 2180 N/A	1.3 STREET ADDRESS	200001393152
CITY-ST-ZIP	PANAMA CITY FL 32402	1.4 CITY-ST-ZIP	-01/30/95--01067--016 *****61.25
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BARR, JOHN W.	2.2 NAME	
STREET ADDRESS	1427 SPRUCE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, WILLIAM B.	3.2 NAME	
STREET ADDRESS	105 SOUTH EAST LAKE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DUBOSE, TERRY	4.2 NAME	
STREET ADDRESS	PO BOX 819 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GOSS, NEAL G. JR.	5.2 NAME	
STREET ADDRESS	7906 WEST HWY 98	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	RUFF, FRANK H.	6.2 NAME	
STREET ADDRESS	PO DRAWER 570	6.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Frank H. Ruff 1/14/95 (904)973-4034
SIGNATURE AND TYPED OR PRINTED NAME OF PRINCIPAL OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANK H. RUFF

0026070