FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998DOCUMENT #

N31811

(5)

ROTARY DISTRICT 694 FOUNDATION, INC.

FILED
Jan 15 1998 8:00an
Secretary of State

N (ABINABI BAR NARI NARI ANDRI NARI (NEK ANDRI ANDRI BARI BARI BARI BARI BARI BARI BARI

Principal Place of Business	Mailing Address			
% JACK A PROCTOR P.O. BOX 328 MADISON FL 32341 US	% JACK A PROCTOR P.O. BOX 328 MADISON FL 32341 US		3. Date Incorporated or Qualified 04/19/1989 4. FEI Number Applied 59-2959080 Not Applied	l For
Principal Place of Business The Principal Place of Business	2a. Mailing Address 26		5. Certificate of Status Desired \$8.75 Additi	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May to Trust Fund Contribution Added to Fee	
City & State	City & State		7. Is this nonprofit corporation a homeowners association?	
Zip Country 25	Zip 29	Count	Personal Property Tax due June 30. Yes No	
CLARK, WILLIAM B. 105 S.E. LAKE STREET			10. Name and Address of New Registered Agent	
		8:	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	
MADISON FL 32340		0,	⁷⁶ [

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.

84 City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition MCLANE, C.E. NAME 1.2 NAME P.O. BOX 2180 N/A STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY FL 32402 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BARR, JOHN W. NAME 2.2 NAME 1427 SPRUCE AVENUE 2.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change ☐ Addition TITLE 3.1 TITLE CLARK, WILLIAM B. NAME 3.2 NAME 105 SOUTH EAST LAKE ST. 3.3 STREET ADDRESS STREET ADDRESS **MADISON FL** CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE DUBOSE, TERRY NAME 4. 2 NAME PO BOX 819 N/A STREET ADDRESS 4.3 STREET ADORESS MARIANNA FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE GOSS, NEAL G. JR. NAME 5.2 NAME 7906 WEST HWY 98 STREET ADDRESS 5.3 STREET ADDRESS PANAMA CITY BEACH FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE PROCTOR, JACK A NAME 105 SOUTH SUMATRA STREET ADDRESS **6.3 STREET ADDRESS** MADISON FL CITY-ST-ZIP 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 alternative with an address.

IGNATURE LAS A PORTS TOWN A PORTS 1-6-

850-973-2281

R2E037 (10/97)

Zip Code