

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90040 012 ****61.25

DOCUMENT # N31811

1. Corporation Name

ROTARY DISTRICT 694 FOUNDATION, INC.

Principal Place of Business

% JACK A PROCTOR
P.O. BOX 328
MADISON FL 32341
US

Mailing Address

% JACK A PROCTOR
P.O. BOX 328
MADISON FL 32341
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/19/1989

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

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 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE D ☒ DELETE

NAME MCLANE, C.E.
STREET ADDRESS P.O. BOX 2180 N/A
CITY-ST-ZIP PANAMA CITY FL 32402

TITLE D ☐ DELETE

NAME BARR, JOHN W.
STREET ADDRESS 1427 SPRUCE AVENUE
CITY-ST-ZIP TALLAHASSEE FL

TITLE D- ☐ DELETE

NAME CLARK, WILLIAM B.
STREET ADDRESS 105 SOUTH EAST LAKE ST.
CITY-ST-ZIP MADISON FL

TITLE D ☒ DELETE

NAME DUBOSE, TERRY
STREET ADDRESS PO BOX 819 N/A
CITY-ST-ZIP MARIANNA FL

TITLE D ☒ DELETE

NAME GOSS, NEAL G. JR.
STREET ADDRESS 7906 WEST HWY 98
CITY-ST-ZIP PANAMA CITY BEACH FL

TITLE D ☐ DELETE

NAME PROCTOR, JACK A
STREET ADDRESS 105 SOUTH SUMATRA
CITY-ST-ZIP MADISON FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D ☐ Change ☒ Addition

William E. Crawford
RT. 2, Box 93
Paw St. Joe, FL. 32451

AL Cliven ☐ Change ☒ Addition

10100 Hillview Rd. Apt. 408
Pensacola, FL. 32514

D ☐ Change ☒ Addition

Robert D.S. Gregory
P.O. Box 1211
Lynn Haven, FL. 32444

D ☐ Change ☒ Addition

Robert W. Reeves
4519 Sunset Dr
Panama City, FL. 32404

D ☐ Change ☒ Addition

Charles Rockwood
4005 Bobbin Brown Cr.
Tallahassee, FL. 32312

D ☐ Change ☒ Addition

Penley A. Richardson
P.O. Box 1814
Lake City FL 32051

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-99 850-923-2281

CR2E037 (11/98)