


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT #</b> N31811                                      |  |
| <b>1. Entity Name</b><br>ROTARY DISTRICT 694 FOUNDATION, INC. |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>% MARK J. JONES<br>P.O. BOX 1368<br>TALLAHASSEE, FL 32302 US | <b>Mailing Address</b><br>% MARK J. JONES<br>P.O. BOX 1368<br>TALLAHASSEE, FL 32302 US |
|--|--|

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04262006 No Chg-NP CR2E037 (11/05)

|  |   |
|--|---|
| <b>4. FEI Number</b><br>59-2959080   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |

**6. Name and Address of Current Registered Agent**

JONES, MARK  
104 N. MAGNOLIA DR.  
TALLAHASSEE, FL 32301

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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                            |   |
|---|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JOHNSON, IVAN<br>525 E CALL STREET<br>TALLAHASSEE, FL 32301            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>YATES, CHARLES R<br>1204 GARDENIA DR.<br>TALLAHASSEE, FL 32312        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>JONES, MARK J<br>104 N. MAGNOLIA DR.<br>TALLAHASSEE, FL 32301         |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>POOLE, RONALD D<br>123 E. HOWARD ST.<br>LIVE OAK, FL 32060            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>EDWARDS, WAYNE<br>1682-B METROPOLITAN CIRCLE<br>TALLAHASSEE, FL 32308 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GILCHRIST, LEON<br>2103 OLIVIA DR.<br>TALLAHASSEE, FL 32308            |

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**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:** Mark J. Jones **4/26/06** **(850) 224-4128**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #