

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90184 033 ****61.25

DOCUMENT # N31811

1. Entity Name

ROTARY DISTRICT 694 FOUNDATION, INC.



Principal Place of Business

% MARK J. JONES

P.O. BOX 1368

TALLAHASSEE, FL 32302 US

Mailing Address

% MARK J. JONES

P.O. BOX 1368

TALLAHASSEE, FL 32302 US

40085310



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

04262007

Chg-NP

CR2E037 (12/06)

4. FEI Number

59-2959080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, MARK

104 N. MAGNOLIA DR.

TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2007**

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 D ☐ Delete
NAME JOHNSON, IVAN
STREET ADDRESS 525 E CALL STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE DS ☐ Delete
NAME YATES, CHARLES R
STREET ADDRESS 1204 GARDENIA DR.
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE DT ☐ Delete
NAME JONES, MARK J
STREET ADDRESS 104 N. MAGNOLIA DR.
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE DV ☐ Delete
NAME POOLE, RONALD D
STREET ADDRESS 123 E. HOWARD ST.
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE DP ☐ Delete
NAME EDWARDS, WAYNE
STREET ADDRESS 1682-B METROPOLITAN CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ Delete
NAME GILCHRIST, LEON
STREET ADDRESS 2103 OLIVIA DR.
CITY-ST-ZIP TALLAHASSEE, FL 32308

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Mark J. Jones **MARK J. JONES, TREASURER** 4/26/07 (850) 224-7128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #