2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N31811

Entity Name: ROTARY DISTRICT 694 FOUNDATION, INC.

Current Principal Place of Business:

% MARK J. JONES
P.O. BOX 1368
TALLAHASSEE, FL 32302 US

New Principal Place of Business:

% MARK J. JONES
104 N. MAGNOLIA DR.
TALLAHASSEE, FL 32301 US

Current Mailing Address:

% MARK J. JONES
P.O. BOX 1368
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-2959080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	JOHNSON, IVAN	
Address:	525 E CALL STREET	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	DS	( ) Delete
Name:	YATES, CHARLES R	
Address:	1204 GARDENIA DR.	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	DT	( ) Delete
Name:	JONES, MARK J	
Address:	104 N. MAGNOLIA DR.	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	DV	( ) Delete
Name:	POOLE, RONALD D	
Address:	123 E. HOWARD ST.	
City-St-Zip:	LIVE OAK, FL 32060	
Title:	DP	( ) Delete
Name:	EDWARDS, WAYNE	
Address:	1682-B METROPOLITAN CIRCLE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	D	( ) Delete
Name:	GILCHRIST, LEON	
Address:	2103 OLIVIA DR.	
City-St-Zip:	TALLAHASSEE, FL 32308	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK J. JONES DT 05/01/2008

Electronic Signature of Signing Officer or Director — Date