

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31811

FILED
Feb 10, 2009
Secretary of State

Entity Name: ROTARY DISTRICT 694 FOUNDATION, INC.

Current 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

FEI Number: 59-2959080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

New Principal Place of Business:

% MARK J. JONES
1713 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

New Mailing Address:

% MARK J. JONES
1713 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

JONES, MARK
1713 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

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:

02/10/2009

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: DS (X) Change () Addition
Name: LYFORD, WILLIAM T
Address: 3575 TYLER AVENUE
City-St-Zip: PENSACOLA, FL 32503

Title: DT (X) Change () Addition
Name: JONES, MARK J
Address: 1713 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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

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

Title: D (X) Change () Addition
Name: ETHRIDGE, WAYNE
Address: 3425 EDINBURGH DRIVE
City-St-Zip: PACE, FL 32571

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

02/10/2009

Electronic Signature of Signing Officer or Director

Date