

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719554 (8)

1. Corporation Name

ROTARY CLUB OF BROOKSVILLE, INC.



Principal Place of Business

Mailing Address

**POST OFFICE BOX 701
BROOKSVILLE FL 34601
US**

**POST OFFICE BOX 701
BROOKSVILLE FL 34601
US**

3. Date Incorporated or Qualified
10/21/1970

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSTON JOSEPH E JR, ESQ
29 S BROOKSVILLE AVENUE
BROOKSVILLE FL 34601**

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 617.1506, 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

1/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARY, MARY BETH	
STREET ADDRESS	18 N. BROAD ST.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHEFFIELD, JERRY	
STREET ADDRESS	1187 S. U.S. HWY. 41	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAVISH, JACK	
STREET ADDRESS	503 E. JEFFERSON	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NICOLAI, KAREN	
STREET ADDRESS	4275 PARADISE CIRCLE 4287 Belkair Dr.	
CITY-ST-ZIP	HERNANDO BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, DON JOHN	
STREET ADDRESS	8055 KENNEDY BLVD. 24198 Westminster Ct	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	S/V	<input type="checkbox"/> DELETE
NAME	GUCCIAN, JOANN	
STREET ADDRESS	412 SO MAIN	
CITY-ST-ZIP	BROOKSVILLE FL	

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dan Kawa	
1.3 STREET ADDRESS	1390 S. Broad	
1.4 CITY-ST-ZIP	Brooksville, FL 34601	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donna Cronwell	
2.3 STREET ADDRESS	18 North Ave.	
2.4 CITY-ST-ZIP	Brooksville, FL 34601	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ernie Weyer	
3.3 STREET ADDRESS	920 moonlight Lane	
3.4 CITY-ST-ZIP	Brooksville, FL 34601	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Karen Nicolai
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96
Date

352-754-4206
Daytime Phone #

CR2E037 (12/95)