

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 25 1997 8:00am
Secretary of State

DOCUMENT # 719554 (8)

1. Corporation Name

ROTARY CLUB OF BROOKSVILLE, INC.

Principal Place of Business

POST OFFICE BOX 701
BROOKSVILLE FL 34801
US

Mailing Address

POST OFFICE BOX 701
BROOKSVILLE FL 34801
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/21/1970 3a. Date of Last Report 02/05/1996

4. FEI Number 59-6209583 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

JOHNSTON JOSEPH E JR, ESQ
29 S BROOKSVILLE AVENUE
BROOKSVILLE FL 34801

10. Name and Address of New Registered Agent

81 Name Karen Nicolai
82 Street Address (P.O. Box Number is Not Acceptable) 4287 Bellaire Dr.
83
84 City Spring Hill FL 85 Zip Code 34607

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 Karen Nicolai

(NOTE: Registered Agent signature required when reinstating)

8/12/97

12. OFFICERS AND DIRECTORS

TITLE S ☒ DELETE
NAME KAWA, DAN
STREET ADDRESS 1200 S BROAD
CITY-ST-ZIP BROOKSVILLE FL

TITLE D ☐ DELETE
NAME CRONWELL, DONNA
STREET ADDRESS 18 NORTH AVENUE
CITY-ST-ZIP BROOKSVILLE FL

TITLE D ☒ DELETE
NAME QAVISH, JACK
STREET ADDRESS 503 E. JEFFERSON
CITY-ST-ZIP BROOKSVILLE FL

TITLE T ☐ DELETE
NAME NICOLAI, KAREN
STREET ADDRESS 4287 BELLAIRE DRIVE
CITY-ST-ZIP HERNANDO BEACH FL

TITLE D ☒ DELETE
NAME TURNER, JOHN
STREET ADDRESS 24198 WESMINTER CT
CITY-ST-ZIP BROOKSVILLE FL

TITLE ☒ DELETE
NAME GUCKIAN, JOANN
STREET ADDRESS 412 SO MAIN
CITY-ST-ZIP BROOKSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☒ Addition
1.2 NAME Richard Trump MD
1.3 STREET ADDRESS 2632 Lake Lindsey Rd
1.4 CITY-ST-ZIP Brooksville, FL

2.1 TITLE President-Elect ☐ Change ☒ Addition
2.2 NAME Guynn Blair
2.3 STREET ADDRESS 617 Lamar Ave.
2.4 CITY-ST-ZIP Brooksville, FL 34601-3211

3.1 TITLE Vice President ☐ Change ☒ Addition
3.2 NAME Andrew Hammond
3.3 STREET ADDRESS 3414 NESSLAKE Rd.
3.4 CITY-ST-ZIP Brooksville, FL 34609

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Sam Solomon
4.3 STREET ADDRESS PO Box 1234 N/A
4.4 CITY-ST-ZIP Brooksville, FL 34605-1234

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Ernie Weyer
5.3 STREET ADDRESS 920 Moonlight Lane
5.4 CITY-ST-ZIP Brooksville, FL 34601

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME William Hallman
6.3 STREET ADDRESS 10063 Weeks Drive
6.4 CITY-ST-ZIP Brooksville, FL 34601

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED Karen Nicolai 8/29/97 352-7581

CR2E037 (4/97)