


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 POST OFFICE BOX 701 BROOKSVILLE FL 34601 US	Mailing Address POST OFFICE BOX 701 BROOKSVILLE FL 34601 US
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3. Date Incorporated or Qualified 10/21/1970	Applied For Not Applicable
4. FEI Number 59-6209583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NICOLAI, KAREN 4287 BELLAIRE DR SPRINGHILL FL 34607		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 617.1508, 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 DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUMP, RICHARD	1.2 NAME	
STREET ADDRESS	26262 LAKE LINDSEY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRONWELL, DONNA	2.2 NAME	BLAIR, GWYNN
STREET ADDRESS	18 NORTH AVENUE	2.3 STREET ADDRESS	715 Fernwood Dr.
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMMOND, ANDREW	3.2 NAME	Gary, Mary Beth
STREET ADDRESS	3414 NEFFLAKE RD	3.3 STREET ADDRESS	9311 Wallien Dr.
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	Brooksville, FL 34601-5205
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICOLAI, KAREN	4.2 NAME	Goldman, Sanford
STREET ADDRESS	4287 BELLAIRE DRIVE	4.3 STREET ADDRESS	314 E. Liberty St.
CITY-ST-ZIP	HERNANDO BEACH FL	4.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEVER, ERNIEE	5.2 NAME	Hallman, Bud
STREET ADDRESS	920 MOONLIGHT LANE	5.3 STREET ADDRESS	9461 Wallien Dr.
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP	Brooksville, FL 34601-5207
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUCKIAN, JOANN	6.2 NAME	
STREET ADDRESS	412 SO MAIN	6.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **REQUIRED** 1/22/98 352 754 4206

CR2E037 (10/97)