

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90022 033 \*\*\*\*61.25

0070658

DOCUMENT # 719554

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

100075 - 90022 - 33



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/21/1970	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6209583	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

NICOLAI, KAREN  
4287 BELLAIRE DR  
SPRINGHILL FL 34607

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input 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	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, GWYNN	2.2 NAME	Blair, Gwynn
STREET ADDRESS	715 FERNWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34601	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY, MARY B	3.2 NAME	Allen, E.leta
STREET ADDRESS	9311 WALLIEN DR	3.3 STREET ADDRESS	7455 Dundee Way
CITY-ST-ZIP	BROOKSVILLE FL 34601	3.4 CITY-ST-ZIP	Brookville, FL 34613
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLAI, KAREN	4.2 NAME	
STREET ADDRESS	4287 BELLAIRE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEVER, ERNIEE	5.2 NAME	Wever, Erniee
STREET ADDRESS	920 MOONLIGHT LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<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)(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, with all other like empowered.

SIGNATURE:

*Katherine Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 (352) 754-4206  
Date Daytime Phone #

CR2E037 (1/98)