

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719554

FILED
Jan 20, 2009
Secretary of State

Entity Name: ROTARY CLUB OF BROOKSVILLE, INC.

Current Principal Place of Business:

POST OFFICE BOX 701
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

4287 BELLAIRE DRIVE
SPRING HILL, FL 34607 US

Current Mailing Address:

POST OFFICE BOX 701
BROOKSVILLE, FL 34601 US

New Mailing Address:

FEI Number: 59-6209583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICOLAI, KAREN
4287 BELLAIRE DR
SPRINGHILL, FL 34607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: TRUMP, RICHARD
Address: 26262 LAKE LINDSEY RD
City-St-Zip: BROOKSVILLE, FL

Title: D () Delete
Name: PINGLEY, GRETCHEN
Address: P.O. BOX 34
City-St-Zip: ISTACHATTA, FL 34636

Title: D () Delete
Name: PAGE, DON
Address: 5313 STEEPLCHASE CT
City-St-Zip: SPRING HILL, FL 346099514

Title: T () Delete
Name: NICOLAI, KAREN
Address: 4287 BELLAIRE DRIVE
City-St-Zip: HERNANDO BEACH, FL

Title: D () Delete
Name: OTIS, DEB
Address: 6443 VEDAR AVE.
City-St-Zip: BROOKSVILLE, FL 34602

Title: D () Delete
Name: SANDERS, BRANDE
Address: 24140 BALMORAL LN
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: PINGLEY, GRETCHEN
Address: P.O. BOX 34
City-St-Zip: ISTACHATTA, FL 34636

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

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

Title: D (X) Change () Addition
Name: OTIS, DEB
Address: 6443 CEDAR AVE.
City-St-Zip: BROOKSVILLE, FL 34602

Title: D (X) Change () Addition
Name: HEALIS, BILLY
Address: 9947 DOMINGO DRIVE
City-St-Zip: BROOKSVILLE, FL 34601

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: KAREN NICOLAI

T

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date