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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N47590

1. Corporation Name

BRANDON '86 ROTARY FOUNDATION, INC.

Principal Place of Business

501 S FALKENBURG RD
 UNIT C-21
 TAMPA FL 33619
 US

Mailing Address

P.O BOX 718
 BRANDON FL 33509
 US



2. Principal Place of Business

21 1604 Heritage Dr

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

02/28/1992

22 Suite, Apt. #, etc.

4. FEI Number

65-0326962

Applied For
 Not Applicable

23 City & State

Valrico, FL

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

33594 25 USA

28 Zip Country

29 30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KIZER, RANDY
 501 S FALKENBURG RD.
 UNIT C-21
 TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name STANLEY T. PADGETT
 82 Street Address (P.O. Box Number is Not Acceptable) 501 E. Kennedy Blvd.
 83 Suite 1207
 84 City Tampa FL 85 Zip Code 33602

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

Stanley T. Padgett
(NOTE: Registered Agent Signature required when reinstating)

2/12/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	O'NEILL, BOB	
STREET ADDRESS	1604 HERITAGE DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KIZER, RANDY	
STREET ADDRESS	2312 LONG GREEN COURT	
CITY-ST-ZIP	VALRICO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HALL, DAN	
STREET ADDRESS	5711 N 56TH STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MILTNER, JEFF	
STREET ADDRESS	1102 LAKEMOUNT DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BURLEY, MITCH	
STREET ADDRESS	1108 DEER RUN PLACE	
CITY-ST-ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" 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 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: Robert W. O'Neil 2/12/99 681-3397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)