


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N47590**

1. Entity Name  
 BRANDON '86 ROTARY FOUNDATION, INC.



Principal Place of Business  
 1604 HERITAGE DR  
 VALRICE, FL 33594 US

Mailing Address  
 1604 HERITAGE DR  
 VALRICE, FL 33594 US

**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 65-0326962

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

SULLIVAN, JOHN E  
 1206 MILLENIUM PARKWAY  
 STE 2000  
 BRANDON, FL 33511

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U000E0072491  
 03/01/04 00113 000 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'NEILL, BOB 1604 HERITAGE DR VALRICO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIZER, RANDY 2312 LONG GREEN COURT VALRICO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SULLIVAN, JOHN 1206 MILLENIUM PARKWAY STE 2000 BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILTNER, JEFF 1102 LAKEMOUNT DR VALRICO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURLEY, MITCH 1108 DEER RUN PLACE VALRICO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKLEY, DICK 1421 HOLLEMAN DR VALRICO, FL 33594

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **President** *[Signature]* **2/29/02** **813689-2015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #