

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90049 013 ****61.25

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

50005589



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

01202005 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
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, FL, Zip Code

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, 2005
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD NAME: O'NEILL, BOB STREET ADDRESS: 1604 HERITAGE DR CITY-ST-ZIP: VALRICO, FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: KIZER, RANDY STREET ADDRESS: 2312 LONG GREEN COURT CITY-ST-ZIP: VALRICO, FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: SULLIVAN, JOHN STREET ADDRESS: 1206 MILLENIUM PARKWAY STE 2000 CITY-ST-ZIP: BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: MILTNER, JEFF STREET ADDRESS: 1102 LAKEMOUNT DR CITY-ST-ZIP: VALRICO, FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BURLEY, MITCH STREET ADDRESS: 1108 DEER RUN PLACE CITY-ST-ZIP: VALRICO, FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BECKLEY, DICK STREET ADDRESS: 1421 HOLLEMAN DR CITY-ST-ZIP: VALRICO, FL 33594	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date: 1/20/05 (813) 6813480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #