


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N47590**  
1. Entity Name  
**BRANDON '86 ROTARY FOUNDATION, INC.**



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



03162006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

000000475381  
04/05/06-80013-003 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 MILLENNIUM 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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_ **3/17/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #