

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90002 040 ****61.25

DOCUMENT # N95000003542

1. Entity Name
BRANDON ROTARY CLUB CHARITY FUND, INC



Principal Place of Business
**619 VONDERBURG RD
BRANDON, FL 33511**

Mailing Address
**P.O. BOX 303
BRANDON, FL 33509**

50024008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07112006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-3329005

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCDERMOTT, MICHAEL J ESQUIRE
791 WEST LUMSDEN ROAD
BRANDON, FL 33511**

7. Name and Address of New Registered Agent

Name **VINCENT FERRARO**

Street Address (P.O. Box Number is Not Acceptable)

217 LITHIA PINECREST RD

City **BRANDON**

FL

Zip Code
33511

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

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

TITLE **PD** ☒ Delete
NAME **GLASS, MARSHALL**
STREET ADDRESS **605 HITCHING POST DR.**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **TD** ☐ Delete
NAME **CURRY, DERRELL**
STREET ADDRESS **4611 S. JOHN MOORE ROAD**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **D** ☒ Delete
NAME **THURMAN, CHARLES**
STREET ADDRESS **804 HICKORY FORTY DR.**
CITY-ST-ZIP **SEFFNER, FL 33584**

TITLE **D** ☐ Delete
NAME **FERRARO, VINCENT**
STREET ADDRESS **217 LITHIA PINECREST RD.**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **D** ☒ Delete
NAME **CONA, CHRIS**
STREET ADDRESS **1911 US HWY 301 N.**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **George Anello**
STREET ADDRESS **2512 Durant Rd.**
CITY-ST-ZIP **Valrico, Fl. 33594**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #