

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719554

Entity Name: ROTARY CLUB OF BROOKSVILLE, INC.**Current Principal Place of Business:**4287 BELLAIRE DRIVE
SPRING HILL, FL 34607**Current Mailing Address:**POST OFFICE BOX 701
BROOKSVILLE, FL 34605-0701 US**FEI Number:** 59-6209583**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NICOLAI, KAREN
4287 BELLAIRE DR
SPRINGHILL, FL 34607 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name SPENCER, MOLLIE
Address 14143 BOCK LANE
City-State-Zip: BROOKSVILLE FL

Title PAST PRESIDENT
Name ROUHANA, LAUREN
Address 17323 BLOOMING FIELDS DRIVE
City-State-Zip: LAND O LAKES FL 34636

Title DIRECTOR
Name SCAVUZZO, CHRIS
Address 4070 GULF COAST DR.
City-State-Zip: HERNANDO BEACH FL 34607

Title DIRECTOR
Name VANFOSSEN, LARRY
Address 3483 CULBREAETH RD
City-State-Zip: BROOKSVILLE FL 34602

Title PRESIDENT
Name NICOLAI, KAREN
Address 4287 BELLAIRE DRIVE
City-State-Zip: HERNANDO BEACH FL

Title PRESIDENT
Name ROUHANA, LAUREN
Address 17323 BLOOMING FIELDS DRIVE
City-State-Zip: LAND O LAKES FL 34636

Title DIRECTOR
Name JOHNSON, APRIL
Address 8384 VALMORA ST.
City-State-Zip: SPRING HILL FL 34608

Title VP
Name HAMMETT, JANINE
Address 4662 LARKENHEATH DRIVE
City-State-Zip: SPRING HILL FL 34609

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN NICOLAI**PRESIDENT****01/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|------------------------|
| Title | FOUNDATION CHAIR |
| Name | VAN SICKLE, KAREN |
| Address | 6388 GLENCHESTER DRIVE |
| City-State-Zip: | WEBSTER FL 33597 |