2024 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

FILED Feb 09, 2024

Secretary of State

2879884490CC

Officer/Director Detail:

Title **SECRETARY** Title **TREASURER** GREER, DIANNE OF Name Name NICOLAI, KAREN 4287 BELLAIRE DRIVE Address PO BOX 701 Address City-State-Zip: SPRING HILL FL 34607 BROOKSVILLE FL 34605-City-State-Zip:

Title PRESIDENT Title DIRECTOR

NameGHINGHER, DAVIDNameHIGHTOWER, TAMARAAddressPOST OFFICE BOX 701AddressPOST OFFICE BOX 701

City-State-Zip: BROOKSVILLE FL 34605-0701 City-State-Zip: BROOKSVILLE FL 34605-0701

Title DIRECTOR Title DIRECTOR

NameCOUNCIL, ASHLEYNameRODRIGUEZ, SHANNONAddressPOST OFFICE BOX 701AddressPOST OFFICE BOX 701

City-State-Zip: BROOKSVILLE FL 34605-0701 City-State-Zip: BROOKSVILLE FL 34605-0701

TitleDIRECTORTitleDIRECTORNameLUND, KARENNameBALDWIN, AMY

Address POST OFFICE BOX 701 Address POST OFFICE BOX 701

City-State-Zip: BROOKSVILLE FL 34605-0701 City-State-Zip: BROOKSVILLE FL 34605-0701

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 TREASURER 02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date