

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004831

**FILED**  
**Jan 31, 2014**  
**Secretary of State**  
**CC9807223920**

**Entity Name:** ROTARY CLUB OF BROOKSVILLE CHARITABLE TRUST, INC.

**Current Principal Place of Business:**

4287 BELLAIRE DRIVE  
SPRING HILL, FL 34607

**Current Mailing Address:**

P.O. BOX 701  
BROOKSVILLE, FL 34605

**FEI Number:** 59-6209583

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NICOLAI, KAREN  
4287 BELLAIRE DRIVE  
SPRING HILL, 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 TRUMP, RICHARD  
Address 26262 LAKE LINDSEY RD  
City-State-Zip: BROOKSVILLE FL

Title T  
Name NICOLAI, KAREN  
Address 4287 BELLAIRE DR  
City-State-Zip: HERNANDO BCH FL 34607

Title DIRECTOR  
Name HAYES, CARLA  
Address 14309 WALLEYE PATH  
City-State-Zip: SPRING HILL FL 34609

Title DIRECTOR  
Name PAUL, LIZA  
Address 11447 ROYAL DR  
City-State-Zip: BROOKSVILLE FL 34601

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

Title DIRECTOR  
Name THOMAS, ACHILLES  
Address 2300 LOST PINE TRAIL  
City-State-Zip: BROOKSVILLE FL 34604

Title DIRECTOR  
Name TREMMEL, JAMES  
Address 5156 CYRIL DRIVE  
City-State-Zip: RIDGE MANOR FL 33523

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

**Continues on page 2**

*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**

**01/31/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name CARPINONE, KAREN  
Address P.O. BOX 701  
City-State-Zip: BROOKSVILLE FL 34605