

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004831

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 US**FEI Number:** 20-1175762**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	SECRETARY
Name	GREER, DIANNE OF
Address	PO BOX 701
City-State-Zip:	BROOKSVILLE FL 34605-0701

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

Title	PRESIDENT
Name	GHINGHER, DAVID
Address	PO BOX 701
City-State-Zip:	BROOKSVILLE FL 34605-0701

Title	DIRECTOR
Name	LAMBERTI, MICHAEL OF
Address	PO BOX 701
City-State-Zip:	BROOKSVILLE FL 34605-0701

Title	DIRECTOR
Name	HIGHTOWER, TAMARA
Address	P.O. BOX 701
City-State-Zip:	BROOKSVILLE FL 34605

Title	DIRECTOR
Name	ROUHANA, LAUREN
Address	P.O. BOX 701
City-State-Zip:	BROOKSVILLE FL 34605

Title	DIRECTOR
Name	LAMBERTI, MICHAEL
Address	P.O. BOX 701
City-State-Zip:	BROOKSVILLE FL 34605

Title	DIRECTOR
Name	PINGLEY, GRETCHEN
Address	P.O. BOX 701
City-State-Zip:	BROOKSVILLE FL 34605

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****02/04/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date