

2013 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**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	DIRECTOR
Name	BOHMAN, DANIEL
Address	10448 NOTTINGHAM FOREST DR
City-State-Zip:	BROOKSVILLE FL 34601

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

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

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

Title	DIRECTOR
Name	HART, CHERYL
Address	13028 CENTENNIAL ST
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	THOMAS, ACHILLES
Address	2300 LOST PINE TRAIL
City-State-Zip:	BROOKSVILLE FL 34604

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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**TREASURER****01/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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