

2016 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	CHRIS, SCAVUZZO
Address	4070 GULF COAST DRIVE
City-State-Zip:	HERNANDO BEACH FL 34607

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

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

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

Title	PAST PRESIDENT
Name	CARPINONE, KAREN
Address	9040 BRUSH LANE
City-State-Zip:	HUDSON FL 34669

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

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****03/09/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date