


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90066 030 ****61.25

DOCUMENT # 719554
 1. Entity Name
 ROTARY CLUB OF BROOKSVILLE, INC.



Principal Place of Business
 POST OFFICE BOX 701
 BROOKSVILLE, FL 34601 US

Mailing Address
 POST OFFICE BOX 701
 BROOKSVILLE, FL 34601 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01122008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country Zip Country

4. FEI Number
 59-6209583

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NICOLAI, KAREN 4287 BELLAIRE DR SPRINGHILL, FL 34607		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	S	<input type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TRUMP, RICHARD			NAME	Robert Martinez		
STREET ADDRESS	26262 LAKE LINDSEY RD			STREET ADDRESS	407 S. Brooksville Ave.		
CITY-ST-ZIP	BROOKSVILLE, FL			CITY-ST-ZIP	Brooksville, FL 34601		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BELTZ, NANCY			NAME	Gretchen Pingley		
STREET ADDRESS	26209 PINE HILL DR			STREET ADDRESS	PO Box 34		
CITY-ST-ZIP	BROOKSVILLE, FL 34603			CITY-ST-ZIP	Istachatta, FL 34636-0034		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PAGE, DON			NAME	Barbara Manuel		
STREET ADDRESS	5313 STEEPLECHASE CT			STREET ADDRESS	200 North Ave.		
CITY-ST-ZIP	SPRING HILL, FL 346099514			CITY-ST-ZIP	Brooksville, FL 34601		
TITLE	T	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NICOLAI, KAREN			NAME	Deb Otis		
STREET ADDRESS	4287 BELLAIRE DRIVE			STREET ADDRESS	6443 Cedar Ave.		
CITY-ST-ZIP	HERNANDO BEACH, FL			CITY-ST-ZIP	Brooksville, FL 34602		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TURNER, JOHN			NAME	Billy Healis		
STREET ADDRESS	24140 BALMORAL LANE			STREET ADDRESS	9947 Domingo Dr		
CITY-ST-ZIP	BROOKSVILLE, FL 34601			CITY-ST-ZIP	Brooksville, FL 34601		
TITLE	P	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANDERS, BRANDE			NAME			
STREET ADDRESS	24140 BALMORAL LN			STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE, FL 34601			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Nicolai Karen Nicolai 1/15/08 352-9544206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #