2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719554

FILED Jan 20, 2009 Secretary of State

Entity Name: ROTARY CLUB OF BROOKSVILLE, INC.

Current Principal Place of Business: New Principal Place of Business: POST OFFICE BOX 701 4287 BELLAIRE DRIVE BROOKSVILLE, FL 34601 SPRING HILL, FL 34607 US US **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 701 BROOKSVILLE, FL 34601 US FEI Number: 59-6209583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NICOLAI, KAREN 4287 BELLAIRE DR SPRINGHILL, 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TRUMP, RICHARD Name: Name: 26262 LAKE LINDSEY RD Address: Address: City-St-Zip: BROOKSVILLE, FL City-St-Zip: Title: Title: (X) Change () Addition () Delete PINGLEY, GRETCHEN Name: PINGLEY, GRETCHEN Name: Address: P.O. BOX 34 Address: P.O. BOX 34 City-St-Zip: ISTACHATTA, FL 34636 City-St-Zip: ISTACHATTA, FL 34636 Title: Title: () Change () Addition () Delete PAGE, DON Name: Name: 5313 STEEPLECHASE CT Address: Address: City-St-Zip: SPRING HILL, FL 346099514 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NICOLAI, KAREN Name: Address: 4287 BELLAIRE DRIVE Address: City-St-Zip: HERNANDO BEACH, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition OTIS, DEB OTIS, DEB Name: Name: 6443 VEDAR AVE. 6443 CEDAR AVE. Address: Address: City-St-Zip: BROOKSVILLE, FL 34602 City-St-Zip: BROOKSVILLE, FL 34602 Title: () Delete Title: (X) Change () Addition SANDERS, BRANDE HEALIS, BILLY Name: Name: Address: 24140 BALMORAL LN Address: 9947 DOMINGO DRIVE BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KAREN NICOLAI T 01/20/2009