
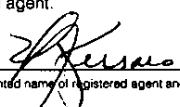
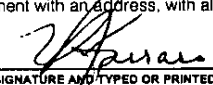


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90034 037 \*\*\*\*61.25

<b>DOCUMENT # 724985</b> 1. Entity Name <b>ROTARY CLUB OF BRANDON, FLORIDA, INC.</b>					
Principal Place of Business <b>619 VONDERBURG RD BRANDON, FL 33511</b>			Mailing Address <b>PO BOX 303 BRANDON, FL 33509</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>PERRARO, VINCE</b> (Spelling) <b>217 LITHIA PINECREST RD. BRANDON, FL 33511</b>				7. Name and Address of New Registered Agent  Name <b>FERRARO, VINCENT</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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  <span style="float: right;">4/25/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRARO, VINCE 217 LITHIA PINE CREST RD. BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURY / DIRECTOR</b> <b>VINCENT FERRARO</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SKIDMORE, PATRICK PO BOX 303 BRANDON, FL 33509	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLDHAM, CRAIG 413 W. ROBERTSON ST BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANELLO, GEORGE 2512 DURANT RD VALRICO, FL 33594	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT / DIRECTOR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REYNOLDS, JEFF 5808 THOREAU RD LITHIA, FL 33569	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ROBERT STARK</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECT. / DIRECTOR</b> <b>ROBERT (BOBBY) STARK</b> <b>138 N. MOON AVE SUITE A</b> <b>BRANDON FL 33510</b>
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.					
<b>SIGNATURE:</b>  <span style="float: right;">4/25/07</span> <span style="float: right;">813-6897153</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					