2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724985

FILED Apr 29, 2009 Secretary of State

Entity Name: ROTARY CLUB OF BRANDON, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

619 VONDERBURG RD BRANDON, FL 33511

Current Mailing Address: New Mailing Address:

PO BOX 303

BRANDON, FL 33509

FEI Number: 59-2435872 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:

PATE, DONALD 120 GOLDENWOOD BRANDON, FL 33511 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:

Name:

Address:

City-St-Zip:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: PD (X) Change () Addition Name: PATE, DONALD Name: REYNOLDS, JEFFREY

 Name:
 Ref Note:
 Re

Title: PD () Delete Title: TD (X) Change () Addition Name: FELDMAN, ALAN M Name: MARSHALL, RONALD J

Address: 718 LOMA LINDA COURT Address: 619 VONDERBURG RD City-St-Zip: BRANDON, FL 33511 City-St-Zip: BRANDON, FL 33511

Title: VPD () Delete Title: SD (X) Change () Addition

 Name:
 REYNOLDS, JEFF
 Name:
 FOSTER, KENNETH JR

 Address:
 5808 THOREAU RD
 Address:
 619 VONDERBERG RD

 City-St-Zip:
 LITHIA, FL 33569
 City-St-Zip:
 BRANDON, FL 33569

Title: SD (X) Delete Title: () Change () Addition

 DAIL, DAN
 Name:

 4645 JOHN MOORE ROAD
 Address:

 BRANDON, FL 33511
 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: JEFFREY REYNOLDS PD 04/29/2009