



**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90146 049 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N04000004831</b> 1. Entity Name <b>ROTARY CLUB OF BROOKSVILLE CHARITABLE TRUST, INC.</b>			
Principal Place of Business <b>4287 BELLAIRE DRIVE          SPRING HILL, FL 34606</b>		Mailing Address <b>P.O. BOX 701          BROOKSVILLE, FL 34605</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>66007570</b> 		02152005 Chg-NP <input checked="" type="checkbox"/> CR2E037 (10/03)	
4. FEI Number <b>59-6209583</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>8. Name and Address of Current Registered Agent</b> <b>KIRK, GEOFFREY ESQ.          4460 NEPTUNE DRIVE          SPRING HILL, FL 34607</b>		<b>7. Name and Address of New Registered Agent:</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
6. 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.		FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>Filing Fee is \$81.25          Due by May 1, 2005</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 <b>S Trump, Richard          2626 1/2 Lake Lindsey Rd          Brooksville, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Wetherington, Sue          7126 Daley Rd          Brooksville, FL 34601</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Hobin, Edward          10425 Nottingham Forest Dr          Brooksville, FL 34601</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Sanders, Brande          24140 Dalwood Lane          Brooksville, FL 34601</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T NICOLAI, Karen          4287 Bellaire Dr.          Hernando Beach, FL 34607</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Turner, John          23394 Jackson Lane          Brooksville, FL 34601</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P Russell, Gary          3365 Grapeleaf Lane          Duval, FL 34452</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Nelson, Denise          16135 Kollar St          Brooksville, FL 34609</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VP Beltz, Nancy          86209 Pine Hill Dr          Brooksville, FL 34601</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Martinez, Bob          407 South Brooksville Ave          Brooksville, FL 34601</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Phillips, Karen          13264 Saddle Way          Brooksville, FL 34614</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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> <u>Karen Nicolai</u>		<u>2/15/05</u> <u>352-754-4206</u> <small>Date Daytime Phone #</small>	