2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004831

FILED Jan 20, 2009 Secretary of State

Entity Name: ROTARY CLUB OF BROOKSVILLE CHARITABLE TRUST, INC.

Current Principal Place of Business: New Principal Place of Business: 4287 BELLAIRE DRIVE 4287 BELLAIRE DRIVE SPRING HILL, FL 34606 SPRING HILL, FL 34607 **Current Mailing Address: New Mailing Address:** P.O. BOX 701 BROOKSVILLE, FL 34605 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: KIRK, GEOFFREY ESQ. 4460 NEPTUNE DRIVE SPRING HILL, 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: () Delete Title: (X) Change () Addition MARTINEZ, ROBERT Name: PINGLEY, GRETCHEN Name: Address: 407 S BROOKVILLE AV Address: P.O. BOX 34 City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: ISTACHATTA, FL 34636 Title: () Delete Title: () Change () Addition NICOLAI, KAREN Name: Name: Address: 4287 BELLAIRE DR Address: City-St-Zip: HERNANDO BCH, FL 34607 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: SANDERS, BRANDE Name: HEALIS, BILLY 9947 DOMINGO DRIVE Address: 24140 BEDMORAL LN Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: BROOKSVILLE, FL 34601 Title: () Delete Title: (X) Change () Addition PRINGLEY, GRETCHEN OTIS, DEB Name: Name: POB 34 6443 CEDAR AVE. Address: Address: ISTACHATTA, FL 346360034 BROOKSVILLE, FL 34602 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition MANUEL, BARBARA PAGE, DON Name: Name: Address: 200 N AVE Address: 5313 STEEPLECHASE CT BROOKSVILLE, FL 34601 SPRING HILL, FL 34609 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