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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N47590 (7)**  
1. Corporation Name  
**BRANDON '86 ROTARY FOUNDATION, INC.**

Principal Place of Business: 201 S KINGS AVE BRANDON FL 33511  
Mailing Address: 201 S KINGS AVE BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1992  
3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0326962  
Applied For: Not Applicable

2. Principal Place of Business: 21 1102 LAKEMONT DR.  
2a. Mailing Address: 26 1102 LAKEMONT DR.

22 Suite, Apt. #, etc.  
27 Suite, Apt. #, etc.

23 City & State: VALRICO FL.  
28 City & State: VALRICO FL.

24 Zip: 33594  
25 Country: USA  
29 Zip: 33594  
30 Country: USA

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
CARSON, MARK R.  
201 S KINGS AVE  
BRANDON FL 33511

10. Name and Address of New Registered Agent

B1 Name: MILTNER, JEFFREY C.  
B2 Street Address (P.O. Box Number is Not Acceptable):  
B3 1102 LAKEMONT DRIVE  
B4 City: VALRICO FL B5 Zip Code: 33594

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: JEFFREY C. MILTNER  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Do not sign if agent is not registered when re-registering) DATE: 2-7-95

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	MILTNER, JEFFREY C.
STREET ADDRESS	1102 LAKEMONT DRIVE
CITY - ST - ZIP	VALRICO FL
TITLE	T
NAME	LINK, MARION M.
STREET ADDRESS	1702 COTTAGEFOREST CT
CITY - ST - ZIP	BRANDON FL
TITLE	T
NAME	O'NEILL, ROBERT W.
STREET ADDRESS	1708 SANDERLING CT
CITY - ST - ZIP	BRANDON FL
TITLE	T
NAME	BURLEY, B. MITCHELL
STREET ADDRESS	1108 DEER RUN PL
CITY - ST - ZIP	VALRICO FL
TITLE	T
NAME	CARSON, MARK R
STREET ADDRESS	201 S. KINGS AVE.
CITY - ST - ZIP	BRANDON FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOMBANKI, STEVENS E.	
1.3 STREET ADDRESS	1010 W. SYCAMORE LANE	
1.4 CITY - ST - ZIP	PLANT CITY, FL. 33566	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark R. Carson* 2-7-95 (813) 681-3863  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Type or Print)