

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N47590** (7)

1. Corporation Name
BRANDON '86 ROTARY FOUNDATION, INC.



Principal Place of Business: **1102 LAKEMONT DRIVE, VALRICO FL 33594, US**
Mailing Address: **1102 LAKEMONT DRIVE, VALRICO FL 33594, US**

3. Date Incorporated or Qualified: **02/28/1992**
3a. Date of Last Report: **03/02/1995**

2. Principal Place of Business
21 **1010 W. SYCAMORE LANE**
22 Suite, Apt. #, etc.
23 **PLANT City FL**
24 **33566** 25 **USA**
26 **1010 W. SYCAMORE LANE**
27 Suite, Apt. #, etc.
28 **PLANT City FL**
29 **33566** 30 **USA**

4. FEI Number: **65-0326962**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**MILTNER, JEFFREY C
1102 LAKEMONT DRIVE
VALRICO FL 33594**

10. Name and Address of New Registered Agent

81 Name: **STEVENS TOM BRINK**
82 Street Address (P.O. Box Number is Not Acceptable): **1010 W.S. SYCAMORE LANE**
83
84 City: **PLANT City** FL 85 Zip Code: **33566**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **JEFFREY C. MILTNER** *Jeffrey C. Miltner* 3/29/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing DATE)

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	MILTNER, JEFFREY C.	
STREET ADDRESS	1102 LAKEMONT DRIVE	
CITY-ST-ZIP	VALRICO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LINK, MARION M.	
STREET ADDRESS	1702 COTTAGEFOREST CT	
CITY-ST-ZIP	BRANDON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	O'NEILL, ROBERT W.	
STREET ADDRESS	1708 SANDERLING CT	
CITY-ST-ZIP	BRANDON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BURLEY, B. MITCHELL	
STREET ADDRESS	1108 DEER RUN PL	
CITY-ST-ZIP	VALRICO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARSON, MARK R	
STREET ADDRESS	201 S. KINGS AVE.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TOMBRINK, STEVENS E	
STREET ADDRESS	1010 W SYCAMORE LANE	
CITY-ST-ZIP	PLANT CITY FL	

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	RANDY KIZER	
1.3 STREET ADDRESS	2312 LONG GREEN COURT	
1.4 CITY-ST-ZIP	VALRICO FL 33594	
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: *Jeffrey C. Miltner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96 744 8120
Date Daytime Phone #

CR2E037 (12/95)