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Sep 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47590 (7)

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



Principal Place of Business 1010 W SYCAMORE LANE PLANT CITY FL 33566 US	Mailing Address 1010 W SYCAMORE LANE PLANT CITY FL 33566-8894 US
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3. Date Incorporated or Qualified 02/26/1992	3a. Date of Last Report 04/03/1996
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2. Principal Place of Business 21 501 S. Falkenburg Rd. Suite, Apt. #, etc. 22 Unit C-21 City & State 23 Tampa, FL Zip 24 33619	2a. Mailing Address 26 P.O. Box 718 Suite, Apt. #, etc. 27 City & State 28 Brandon, FL Zip 29 33509	Country 30 U.S.
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4. FEI Number 65-0326962	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TOMBRINK, STEVENS
1010 W SYAMORE LANE
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name
Kizer, Randy

82 Street Address (P.O. Box Number is Not Acceptable)
501 S. Falkenburg Rd.

83
Unit C-21

84 City
Tampa

85 Zip Code
FL 33619

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 *RANDALL L. KIZER* DATE *9/16/97*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	T	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	KIER, RANDY	
STREET ADDRESS	2312 LONG GREEN COURT	
CITY-ST-ZIP	VALRICO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BURLEY, B. MITCHELL	
STREET ADDRESS	1108 DEER RUN PL	
CITY-ST-ZIP	VALRICO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CARSON, MARK R	
STREET ADDRESS	201 S. KINGS AVE.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	T	<input checked="" 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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	O'Neill, Bob	
1.3 STREET ADDRESS	1604 Heritage Dr.	
1.4 CITY-ST-ZIP	Valrico, FL 33594	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kizer, Randy	
2.3 STREET ADDRESS	2312 Long Green Court	
2.4 CITY-ST-ZIP	Valrico, FL 33594	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hall, Dan	
3.3 STREET ADDRESS	5711 N. 56th Street	
3.4 CITY-ST-ZIP	Tampa, FL 33610	
4.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Miltner, Jeff	
4.3 STREET ADDRESS	1102 Lakemont Dr.	
4.4 CITY-ST-ZIP	Valrico, FL 33594	
5.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Burley, Mitch	
5.3 STREET ADDRESS	1108 Deer Run Place	
5.4 CITY-ST-ZIP	Valrico, FL 33594	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CF2E037 (9/96)