

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N47590**

1. Entity Name

BRANDON '86 ROTARY FOUNDATION, INC.



Principal Place of Business

1604 HERITAGE DR  
VALRICE, FL 33594 US

Mailing Address

1604 HERITAGE DR  
VALRICE, FL 33594 US



03162006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0326962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, JOHN E  
1206 MILLENNIUM PARKWAY  
STE 2000  
BRANDON, FL 33511

**DO NOT WRITE  
IN THIS SPACE**

8. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000475381  
04/05/06-80013-009 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	TD
NAME	O'NEILL, BOB
STREET ADDRESS	1604 HERITAGE DR
CITY-STATE-ZIP	VALRICO, FL
TITLE	PD
NAME	KIZER, RANDY
STREET ADDRESS	2312 LONG GREEN COURT
CITY-STATE-ZIP	VALRICO, FL
TITLE	SD
NAME	SULLIVAN, JOHN
STREET ADDRESS	1206 MILLENNIUM PARKWAY STE 2000
CITY-STATE-ZIP	BRANDON, FL 33511
TITLE	VD
NAME	MILTNER, JEFF
STREET ADDRESS	1102 LAKEMOUNT DR
CITY-STATE-ZIP	VALRICO, FL
TITLE	D
NAME	BURLEY, MITCH
STREET ADDRESS	1108 DEER RUN PLACE
CITY-STATE-ZIP	VALRICO, FL
TITLE	D
NAME	BECKLEY, DICK
STREET ADDRESS	1421 HOLLEMAN DR
CITY-STATE-ZIP	VALRICO, FL 33594

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/06