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FILED

May 09 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001957 (7)

1. Corporation Name

DANIA IMPROVEMENT COMMITTEE, INC.



Principal Place of Business

Mailing Address

113 S.W. 1ST STREET
DANIA FL 33004113 S.W. 1ST STREET
DANIA FL 33004-36033. Date Incorporated or Qualified
04/05/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26 209 SE 3 TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 DANIA, FL.

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29 33004

30

BROWARD

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONLY, ROBERT
209 S.E. 3RD TERRACE
DANIA FL 33004

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☒ DELETE
NAME	DONLY, ROBERT	
STREET ADDRESS	209 S.E. 3RD TERRACE	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	VD	☒ DELETE
NAME	WALDEN, MIMI	
STREET ADDRESS	235 S.E. 3RD AVENUE	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	STD VD	☐ DELETE
NAME	SIGNORE, DEBBIE	
STREET ADDRESS	320 S.E. 6TH STREET	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	SECRETARY/TRES.	☐ DELETE
NAME	PATTY HAGUE	
STREET ADDRESS	434 SE 3 TERRACE	
CITY-ST-ZIP	DANIA FLA. 33004	
TITLE	PD.	☐ DELETE
NAME	JOE DORSEY	
STREET ADDRESS	5991 RAVENSWOOD RD.	
CITY-ST-ZIP	FT. LAUD. FLA. 33312	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0022479

CR2E037 (9/96)