2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001957

FILED Jan 07, 2009 Secretary of State

Entity Name: DANIA IMPROVEMENT COMMITTEE, INC.

Current Principal Place of Business: New Principal Place of Business: COMMUNITY BANK 1991 STIRLING RD DANIA BEACH, FL 33004 US **New Mailing Address: Current Mailing Address:** 209 S.E. 3 TERR DANIA BEACH, FL 33004 US FEI Number: 65-0807593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DONLY, ROBERT 209 S.E. 3RD TERRACE US DANIA BEACH, FL 33004 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DORSEY, JOE Name: Name: 2136 SW 7 CT Address: Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: NEARN, SHARON Name: Address: 425 SE 6 STREET Address: City-St-Zip: DANIA BEACH, FL 33004 City-St-Zip: Title: () Delete Title: () Change () Addition DONLY, ROBERT Name: Name: Address: 209 SE 3 TERRACE Address: City-St-Zip: DANIA BEACH, FL 33004 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: BIEBER, GENE Name: 805 NW 8 AVE Address: Address: City-St-Zip: DANIA, FL 33004 City-St-Zip: Title: () Delete Title: () Change () Addition HAGUE, PATTY Name: Name: 434 SE 3 TERR Address: Address: City-St-Zip: DANIA, FL 33004 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT DONLY TD 01/07/2009