


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 762157 1. Entity Name DANIA ECONOMIC DEVELOPMENT CORPORATION	
---	---

Principal Place of Business 210 NW 12TH AVE 12 DANIA, FL 33004	Mailing Address P O BOX 694 DANIA, FL 33004-7694
--	--



03262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2298406	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent COSTELL, WALTON JR ESQ 1339 NE 4TH AVE SUITE 406 FT LAUDERDALE, FL 33304
--

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 No Change March 30, 2006
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

000000485155
04/20/06-80074-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GRACE, BOBBIE 110 NW 8TH AVE. DANIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BYRD, EUGENIA 717 SW 2ND TERRACE DANIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLACK, EBBIE 235 SW 12TH AVE DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CHARLES 712 SW 2ND TERRACE DANIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENN, LUCY W 754 SW 3RD ST DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JONES, MILORED 1451 N.W. 2ND ST. DANIA, FL

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 517, 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: Bobbie H. Grace **Bobbie H. Grace** March 30, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #