

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 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**



02182007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2298406

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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

03/22/07

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000694829
04/17/07-80032-024 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, MILDRED 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 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: Bobbie H. Grace **Bobbie H. Grace, President** **954-921-7050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/07

Date

Daytime Phone #