

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N01198** (3)  
1. Corporation Name  
**ROTARY CLUB OF DANIA, INC.**



Principal Place of Business: 700 E. DANIA BEACH BLVD. DANIA FL 33004-3090  
Mailing Address: 700 E. DANIA BEACH BLVD. DANIA FL 33004-3090

3. Date Incorporated or Qualified: 02/02/1984  
3a. Date of Last Report: 04/06/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-6141157	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent

RYAN, ARCHIE J., III  
700 E. DANIA BCH. BLVD.  
DANIA FL

10. Name and Address of New Registered Agent

81. Name: Ryan, Timothy  
82. Street Address (P.O. Box Number is Not Acceptable): 700 East Dania Bch Blvd.  
83. City: Dania  
84. City: Dania FL 85. Zip Code: 33004

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 for 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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE: *Timothy Ryan* TIMOTHY RYAN DATE: 3/1/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SILVERNALE SCOTT	
STREET ADDRESS	275 SW 9TH ST	
CITY-ST-ZIP	DANIA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHEINKMAN MARTIN	
STREET ADDRESS	2213 N 15TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VAN ESSO ROBERT	
STREET ADDRESS	2678 EDGEWATER CT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GALLET, JACQUES	
STREET ADDRESS	709 NW 10 AVE	
CITY-ST-ZIP	DANIA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOMENICA YAGUDA	
1.3 STREET ADDRESS	1420 SHERIDAN ST APT H-20	
1.4 CITY-ST-ZIP	HOLLYWOOD FLA 33020	
2.1 TITLE	VIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRANK A del Prado	
2.3 STREET ADDRESS	5061 SW 29th WAY	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33312	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TIMOTHY RYAN	
3.3 STREET ADDRESS	700 E DANIA BEACH BLVD	
3.4 CITY-ST-ZIP	DANIA, FLA 33004	
4.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARC GALLET	
4.3 STREET ADDRESS	5200 POLK ST	
4.4 CITY-ST-ZIP	HOLLYWOOD, FLA 33021	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300001777728	
6.3 STREET ADDRESS	-04/12/96--01009--013	
6.4 CITY-ST-ZIP	***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Timothy Ryan* TIMOTHY RYAN, Secretary DATE: 3/1/96 DEDLINE PHONE #: 954 920-2921

CR2E037 (12/95)

4-10-96