2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2004 8:00 am **ANNUAL REPORT (AR) Secretary of State** DOCUMENT # N02000001660 03-15-2004 90049 035 ****61.25 DAVIE KIWANIS FOUNDATION, INC. Principal Place of Business Mailing Address 9470 TANGERINE PLACE, #403 FT. LAUDERDALE FL 33324 9470 TANGERINE PLACE, #403 FT. LAUDERDALE FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE Applied For City & State City & State 4. FEI Number 04-3620470 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHNEIDER, FRANK L--Street Address (P.O. Box Number is Not Acceptable) 9470 TANGÉRINE PLACE, #403 FT. LAUDERDALE FL 33324 City Zio Code 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition SCHNEIDER, FRANK L NAME NAME W TREETOPS CY. 9470 TANGERINE PLACE, #403 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33324 CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE DONZELLA, DAVID NAME NAME 2945 BEGANIA WAY STREET ADDRESS STREET ADDRESS COOPER CITY FL 33026 CITY_ST-ZIP . . CITY-ST-ZIP AD ☐ Addition TITLE ☐ Delete OLDHAM, BOB NAME NAME 3100 S.W. 133-TERRACE-STREET ADDRESS STREET ADDRESS DAVIE FL 33330 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition DONATI, MIKE NAME NAME 1930 N.W. 91 TERRACE STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33324 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE SOLLANEK, ROLAND NAME NAME 1291 N.W. 90 WAY STREET ADDRESS STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DBF TITLE SYNDER, WILLIAM A NAME NAME

12. I 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 report or supplemental reports 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 in powered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in glock thore Block in its changed, or on an attachment report address, with all other like empowered.

STREET ADDRESS

SIGNATURE: ___

STREET ADDRESS

CITY-ST-7IP

7931 SW 45ST

FORT LAUDERDALE FL 33328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date 954415-9

FILED