

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90087 001 ***122.50

DOCUMENT # N02000001660	
1. Entity Name	
Davie Kiwanis Foundation, Inc	
DO NOT WRITE IN THIS SPACE	

66024395

2. Principal Place of Business 9470 Tangerine Place Suite, Apt #, etc 403 City & State Davie, FL Zip 33324-4483		3. Mailing Address 9470 Tangerine Place Suite, Apt. #, etc, 403 City & State Davie, FL Zip 33324-4483	
Country		Country	

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4. FEI Number 04-3620470	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11.	
TITLE	President	TITLE	
NAME	Frank Schneider	NAME	
STREET ADDRESS	9470 Tangerine Place #403	STREET ADDRESS	
CITY-ST-ZIP	Davie, FL 33324-4483	CITY-ST-ZIP	
TITLE	Vice Pres	TITLE	
NAME	Michael Donati	NAME	
STREET ADDRESS	6591 SW 45th Street	STREET ADDRESS	
CITY-ST-ZIP	Davie, FL	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Robert Oldham	NAME	
STREET ADDRESS	3100 SW 133rd Terr	STREET ADDRESS	
CITY-ST-ZIP	Davie, FL 33330	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Allen M Busch	NAME	
STREET ADDRESS	304 NW 97th Avenue	STREET ADDRESS	
CITY-ST-ZIP	Plantation, FL 33324-7029	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Allen M Busch, Treasurer** **2/2/2005** **954 475-9988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #