2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2007 8:00 am
Secretary of State
08-03-2007 90020 044 ****61.25

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1. Entity Name
DAVIE KIWANIS FOUNDATION, INC.

Principal Place of Business	Mailing Address
3100 SW 1339RD TERRACE DAVIE, FL 33330	3100 SW 1339RD TERRACE DAVIE, FL 33330

07252007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9470 TANGERINE PL	PO BOX 291377
Suite, Apt. #, etc.: 403	Suite, Apt. #, etc.
City & State: DAVIE FL	City & State: DAVIE FL
Zip: 33324 Country: USA	Zip: 333291377 Country: USA

4. FEI Number: 04-3620470 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHNEIDER, FRANK L
9470 TANGERINE PLACE
SUITE 403
DAVIE, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip 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: FRANK L SCHNEIDER F Schneider 25 JUL 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 September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHNEIDER, FRANK L 9470 TANGERINE PLACE, #403 FT. LAUDERDALE, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PETROSKI, JOHN 447 LAKEVIEW DR., TR 23 BLDG 98 #6 WESTON, FL 333262409	☒ Delete	TITLE PD / NAME KOVAC, HARVEY / STREET ADDRESS 2700 DAVIE RD / CITY-ST-ZIP DAVIE FL 33314	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GILLSPIE, BOB 8600 NW 21ST STREET SUNRISE, FL 33322	☒ Delete	TITLE VPD / NAME DONATI, MIKE / STREET ADDRESS 1930 NW 9 TERR / CITY-ST-ZIP Pembroke Pine FL 33324	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OLDHAM, ROBERT 3100 SW 33RD TERRACE DAVIE, FL 33330	Delete	TITLE T.D. / NAME Giselle Bayona / STREET ADDRESS 20225 NE 34 Ct. #714. / CITY-ST-ZIP Aventura, Fl. 33180.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUPERT, DALE 3563 W. TREE TOPS CT FORT LAUDERDALE, FL 33328	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BUSCH, ALLEN M 304 NW 97TH AVENUE PLANTATION, FL 333247029	☒ Delete	TITLE D / NAME PETROSKI JOHN / STREET ADDRESS 447 LAKEVIEW DR. TR 23 BLDG 96 #6 / CITY-ST-ZIP WESTON FL 33326	☒ Change ☒ Addition

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: FRANK L SCHNEIDER 25 JUL 07 954 475 9988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #