

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001660

FILED
Feb 17, 2009
Secretary of State

Entity Name: DAVIE KIWANIS FOUNDATION, INC.

Current Principal Place of Business:

9470 TANGERINE PL
#403
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291377
DAVIE, FL 33329

New Mailing Address:

FEI Number: 04-3620470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHNEIDER, FRANK L
Address: 9470 TANGERINE PLACE, #403
City-St-Zip: FT. LAUDERDALE, FL 33324

Title: PD () Delete
Name: HARVEY, KOVAC
Address: 2700 DAVIE RD
City-St-Zip: DAVIE, FL 33314

Title: VPD () Delete
Name: DONATI, MIKE
Address: 1930 NW 91 TERR
City-St-Zip: PEMBROKE PINE, FL 33324

Title: D () Delete
Name: OLDHAM, ROBERT
Address: 3100 SW 33RD TERRACE
City-St-Zip: DAVIE, FL 33330

Title: TRD () Delete
Name: BAYONA, GISELLE
Address: 20225 NE 34 CT #714
City-St-Zip: AVENTURA, FL 33180

Title: SD () Delete
Name: CARTER, CARRIE S
Address: 4974 SW 94 AVE
City-St-Zip: FORT LAUDERDALE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: WHARTON, ED
Address: 3582 W TREE TOPS CT
City-St-Zip: DAVIE, FL 33328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GISELLE BAYONA

TRD

02/17/2009

Electronic Signature of Signing Officer or Director

Date