

**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 # N03777

1. Entity Name

Kiwanis Club of Davie, Inc

DO NOT WRITE IN THIS SPACE

66024394

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

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-6168816			Applied For <input checked="" type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
	7. Name and Address of Current Registered Agent			
	Name Frank L Schneider Street Address (P.O. Box Number is Not Acceptable) 9470 Tangerine Place #403 City Davie FL Zip Code 33324			

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 Frank L Schneider	TITLE	DO NOT WRITE IN THIS SPACE
NAME	9470 Tangerine Place #403	NAME	
STREET ADDRESS	Davie, FL 33324-4483	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Vice Pres Michael Donati	TITLE	
NAME	6591 SW 45th Street	NAME	
STREET ADDRESS	Davie, FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Secretary Robert Oldham	TITLE	
NAME	3100 SW 133rd Terrace	NAME	
STREET ADDRESS	Davie, FL 33330	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Treasurer Allen M Busch	TITLE	
NAME	304 NW 97th Avenue	NAME	
STREET ADDRESS	Plantation, FL 33324-7029	STREET ADDRESS	
CITY-ST-ZIP		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	

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 **6/29/2005** **954 475-9988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #