

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90046 015 ****61.25

DOCUMENT # N05620

1. Entity Name
DAVIE SCHOOL FOUNDATION, INC.



Principal Place of Business
**C/O LESLIE SCHROEDER
6650 GRIFFIN ROAD
DAVIE, FL 33314**

Mailing Address
**C/O LESLIE SCHROEDER
6650 GRIFFIN ROAD
DAVIE, FL 33314**



01232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2457558

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHROEDER, LESLIE
6650 GRIFFIN ROAD
DAVIE, FL 33314**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REITSMA, RONALD COX, KATHY 6650 GRIFFIN ROAD DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GILL, THOMAS KUCH, PATTI 6650 GRIFFIN ROAD DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COX, KATHY-REITSMA, RONALD 6650 GRIFFIN ROAD DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHROEDER, LESLIE 6650 GRIFFIN ROAD DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-08

Date

9545814782

Daytime Phone #