2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N05620

Entity Name: DAVIE SCHOOL FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2457558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHROEDER, LESLIE
6650 GRIFFIN ROAD
DAVIE, FL 33314 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: PD ( ) Delete
Name: COX, KATHY
Address: 6650 GRIFFIN ROAD
City-St-Zip: DAVIE, FL 33314

Title: VPD ( ) Delete
Name: KOCH, PATTI
Address: 6650 GRIFFIN ROAD
City-St-Zip: DAVIE, FL 33314

Title: SD ( ) Delete
Name: REITSMA, RONALD
Address: 6650 GRIFFIN ROAD
City-St-Zip: DAVIE, FL 33314

Title: TD ( ) Delete
Name: SCHROEDER, LESLIE
Address: 6650 GRIFFIN ROAD
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: MCLAUGHLIN, SCOTT
Address: 6650 GRIFFIN ROAD
City-St-Zip: DAVIE, FL 33314

Title: SD (X) Change ( ) Addition
Name: GRIFFIN, CINDY
Address: 6650 GRIFFIN ROAD
City-St-Zip: DAVIE, FL 33314

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: LESLIE SCHROEDER TD 04/17/2009

Electronic Signature of Signing Officer or Director — Date