

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90097 011 \*\*\*\*70.00

**DOCUMENT # N24040**

1. Entity Name

**DAVE MERCHANTS AND INDUSTRIAL ASSOCIATION, INC.**



Principal Place of Business

**4420 SW 64TH AVENUE  
DAVE FL 33314-3438  
US**

Mailing Address

**4420 SW 64TH AVENUE  
DAVE FL 33314  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0050061**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSBORNE, IVA  
4420 SW 64TH AVENUE  
DAVE FL 33314**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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 PD ☒ Delete  
NAME ARNOLD, WAYNE  
STREET ADDRESS 13001 SW 14 PL  
CITY-ST-ZIP DAVE FL 33325

TITLE ☒ Change ☒ Addition  
NAME Douglas Bell  
STREET ADDRESS 800 E. Brow Blvd. #601  
CITY-ST-ZIP Ft. Lauderdale, Fla. 33301

TITLE VD ☒ Delete  
NAME WACHTSTETTER, JAMES  
STREET ADDRESS 4775 SW 72ND AVE.  
CITY-ST-ZIP DAVE FL 33314

TITLE VP ☐ Change ☒ Addition  
NAME Noel Pauwels  
STREET ADDRESS 4300 SW 77 Ave.  
CITY-ST-ZIP DAVE FL 33325

TITLE SD ☐ Delete  
NAME MOORE, EDNA H  
STREET ADDRESS 6557 STIRLING RD.  
CITY-ST-ZIP DAVE FL 33314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME OSBORNE, IVA  
STREET ADDRESS 4420 SW 64TH AVENUE  
CITY-ST-ZIP DAVE FL 33314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DUNKES, DAVID  
STREET ADDRESS 4141 SW 53RD AVE  
CITY-ST-ZIP DAVE FL 33314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME SPONDER, EMANUEL  
STREET ADDRESS 3800 HILLCREST DR., APT 919  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Edna H. Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-18-05*  
Date *954*