


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90038 034 \*\*\*\*61.25

<b>DOCUMENT # N24040</b> 1. Entity Name <b>DAVIE MERCHANTS AND INDUSTRIAL ASSOCIATION, INC.</b>					
Principal Place of Business <b>4420 SW 64TH AVENUE DAVIE, FL 33314-3438 US</b>			Mailing Address <b>4420 SW 64TH AVENUE DAVIE, FL 33314 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6557 Stirling Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>6557 Stirling Rd.</b> Suite, Apt. #, etc.			
City & State <b>Davie, Fl</b>		City & State <b>Davie, Fl.</b>		4. FEI Number <b>65-0050061</b>	
Zip <b>33314</b>		Country <b>Broward</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>OSBORNE, IVA 4420 SW 64TH AVENUE DAVIE, FL 33314</b>			7. Name and Address of New Registered Agent Name <b>EDNA MOORE</b> Street Address (P.O. Box Number is Not Acceptable) <b>6557 Stirling Rd.</b> City <b>Davie</b> <b>FL</b> Zip Code <b>33314</b>		
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 <i>Edna H Moore</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>BELL, DOUGLAS 800 E BROW BLVD, # 601 FORT LAUDERDALE, FL 33301</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Stuart Millard 6550 SW 39 Court Davie, FL 33314</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>PAUWELS, NOEL 4300 SW 77 AVE DAVIE, FL 33325</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>E.L. Hennig 4900 SW 64 Ave. Davie, FL 33314</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MOORE, EDNA H 6557 STIRLING RD. DAVIE, FL 33314</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete <b>OSBORNE, IVA 4420 SW 64TH AVENUE DAVIE, FL 33314</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>DUNKES, DAVID 4141 SW 53RD AVE DAVIE, FL 33314</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>WHARTON, ED 3582 W TREE TOPS CT DAVIE, FL 33328</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other like empowered.					
<b>SIGNATURE: <i>Edna H Moore</i> Edna Moore, Director/Agent Feb. 12, 2007</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40017691



02092007 Chg-NP CR2E037 (12/06)