2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N24040

Entity Name: DAVIE MERCHANTS AND INDUSTRIAL ASSOCIATION, INC.

Current Principal Place of Business:

6557 STIRLING RD.
FORT LAUDERDALE, FL 33314 US

New Principal Place of Business:

6557 SW STIRLING RD
FT. LAUDERDALE, FL 33314

Current Mailing Address:

6557 STIRLING RD.
FORT LAUDERDALE, FL 33314 US

New Mailing Address:

FEI Number: 65-0050061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, EDNA
6557 STIRLING RD.
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

SEWELL, TOM
5220 SW 64 AVE
DAVIE, FL 33314 US

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: TOM SEWELL 01/08/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: SEWELL, TOM
Address: 4290 S UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete
Name: PAUWELS, NOEL
Address: 4300 SW 77 AVE
City-St-Zip: DAVIE, FL 33325

Title: D ( ) Delete
Name: HENNING, E.L.
Address: 4900 SE 64 AVE
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: VP ( ) Delete
Name: DUNKES, DAVID
Address: 4141 SW 53RD AVE
City-St-Zip: DAVIE, FL 33314

Title: T ( ) Delete
Name: WHARTON, ED
Address: 3582 W TREE TOPS CT
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T/S (X) Change ( ) Addition
Name: SEWELL, TOM
Address: 5220 SW 64 AVE
City-St-Zip: DAVIE, FL 33314

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

Title: D (X) Change ( ) Addition
Name: HENNING, E.L.
Address: 4900 SW 64 AVE
City-St-Zip: FORT LAUDERDALE, FL 33314

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

Title: P (X) Change ( ) Addition
Name: BELL, DOUG
Address: 800 E BROWARD BLVD., #601
City-St-Zip: FT. LAUDERDALE, FL 33301

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: E.L. HENNIG D 01/08/2009
Electronic Signature of Signing Officer or Director Date