

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24040

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** DAVIE MERCHANTS AND INDUSTRIAL ASSOCIATION, INC.

**Current Principal Place of Business:**

5220 SW 64 AVENUE  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

5220 SW 64 AVENUE  
DAVIE, FL 33314

**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:**

SEWELL, TOM  
5220 SW 64 AVE  
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: T/S  
Name: SEWELL, TOM  
Address: 5220 SW 64 AVE  
City-St-Zip: DAVIE, FL 33314

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

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

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

Title: P  
Name: BELL, DOUG  
Address: 800 E BROWARD BLVD., #505  
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

SIGNATURE: DOUG BELL

P

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date