2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N93000001836

1. Entity Name
THE DAUER FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
4850 W OAKLAND PK BLVD STE 145 LAUDERDALE LAKES, FL 33313 US	4850 W OAKLAND PK BLVD STE 145 LAUDERDALE LAKES, FL 33313 US

03062008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0417521
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HART, BRIAN A
255 ALHAMBRA CIRCLE
SUITE 850
CORAL GABLES, FL 33134-0000

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000861340
04/03/08-80030-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAUER EDWARD A MD
STREET ADDRESS	4850 W OAKLAND PK BLVD
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	DAUER JOANNE C
STREET ADDRESS	4850 W OAKLAND PK BLVD
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	DAUER, ALLISON
STREET ADDRESS	4850 W OAKLAND PK BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Edward A. Dauer EDWARD A. DAUER 3-13-08 954-739-0998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #