



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N96000001957</b> 1. Entity Name <b>DANIA IMPROVEMENT COMMITTEE, INC.</b>	
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Principal Place of Business <b>COMMUNITY BANK 1991 STIRLING RD DANIA BEACH, FL 33004 US</b>	Mailing Address <b>209 S.E. 3 TERR DANIA BEACH, FL 33004 US</b>
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0807593</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DONLY, ROBERT  
209 S.E. 3RD TERRACE  
DANIA BEACH, FL 33004**

**DO NOT WRITE  
IN THIS SPACE**

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 *Robert Donly* **1/5/08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORSEY, JOE 2136 SW 7 CT BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEARN, SHARON 425 SE 6 STREET DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DONLY, ROBERT 209 SE 3 TERRACE DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIEBER, GENE 805 NW 8 AVE DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JD HAGUE, PATTY 434 SE 3 TERR DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000780851  
01/15/08-80011-003 61.25

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: *Robert Donly* **1/5/08** **954 923 2167**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #