
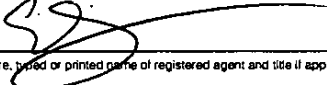
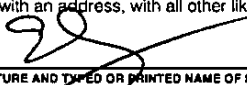


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90078 049 ****61.25

DOCUMENT # N96000004217 1. Entity Name THE ROTARY CLUB OF DAVIE, INC.					
Principal Place of Business 17327 SOUTHWEST 54TH STREET FORT LAUDERDALE, FL 33331			Mailing Address P.O. BOX 290325 DAVIE, FL 33325 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0692605			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, GORDON SECURITY BANK 6497 STIRLING RD DAVIE, FL 33314			Name NICK COFFIN Street Address (P.O. Box Number is Not Acceptable) 5600 SW 87 AVE. City COOPER CITY FL 33328		
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 		EDWARD HICKEY, Treasurer (NOTE: Registered Agent signature required when reinstating)		28 FEB 05 DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOSEPH, ROY 1670 SW 106 TERR. DAVIE, FL 33330	<input type="checkbox"/> Delete	TITLE (P) NAME STREET ADDRESS CITY - ST - ZIP	NICK COFFIN 5600 SW 87 AVE COOPER CITY, FL. 33328	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ENGLE, SAM 2201 SW 27 TERR FT LAUD, FL	<input type="checkbox"/> Delete	TITLE (D) NAME STREET ADDRESS CITY - ST - ZIP	BRADLEY HARTMAN 4042 TRENTON AVE. COOPER CITY, FL. 33026	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANYAK, TERRELL 9691 SW 39 CT COOPER CITY, FL	<input type="checkbox"/> Delete	TITLE (S) NAME STREET ADDRESS CITY - ST - ZIP	LOURDES POEZ, SECY. PO BOX 260178 PEMBROKE PINES, FL. 33026	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HICKEY, ED 11510 SW 12 ST PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, GORDON 6497 STIRLING RD DAVIE, FL 33314	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENCONI, ROBERT 4906 SW 61 AVE DAVIE, FL 33314	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: 		28 FEB 05 Date		954916 3400 Daytime Phone #	