

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004217

FILED
May 03, 2006
Secretary of State

Entity Name: THE ROTARY CLUB OF DAVIE, INC.

Current Principal Place of Business:

17327 SOUTHWEST 54TH STREET
FORT LAUDERDALE, FL 33331

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 290325
DAVIE, FL 33325 US

New Mailing Address:

FEI Number: 65-0692605 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COFFIN, NICK
5600 SW 87 AVE
COOPER CITY, FL 33328 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: PD () Delete
Name: JOSEPH, ROY
Address: 1670 SW 106 TERR.
City-St-Zip: DAVIE, FL 33330

Title: D () Delete
Name: ENGLE, SAM
Address: 2201 SW 27 TERR
City-St-Zip: FT LAUD, FL

Title: D () Delete
Name: MANYAK, TERRELL
Address: 9691 SW 39 CT
City-St-Zip: COOPER CITY, FL

Title: T () Delete
Name: HICKEY, ED
Address: 11510 SW 12 ST
City-St-Zip: PEMBROKE PINES, FL 33025

Title: P () Delete
Name: COFFIN, NICK
Address: 5600 SW 87 AVE
City-St-Zip: COOPER CITY, FL 33328

Title: D () Delete
Name: MENCONI, ROBERT
Address: 4906 SW 61 AVE
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EMH

Electronic Signature of Signing Officer or Director

DIR

05/03/2006

Date