

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90081 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0692605

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COFFIN, NICK
5600 SW 87 AVE
COOPER CITY, FL 33328

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	PD	<input type="checkbox"/> Delete
NAME	JOSEPH, ROY	
STREET ADDRESS	1670 SW 106 TERR.	
CITY-ST-ZIP	DAVIE, FL 33330	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGLE, SAM	
STREET ADDRESS	2201 SW 27 TERR	
CITY-ST-ZIP	FT LAUD, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANYAK, TERRELL	
STREET ADDRESS	9691 SW 39 CT	
CITY-ST-ZIP	COOPER CITY, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HICKEY, ED	
STREET ADDRESS	11510 SW 12 ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	
TITLE	P	<input type="checkbox"/> Delete
NAME	COFFIN, NICK	
STREET ADDRESS	5600 SW 87 AVE	
CITY-ST-ZIP	COOPER CITY, FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENCONI, ROBERT	
STREET ADDRESS	4906 SW 61 AVE	
CITY-ST-ZIP	DAVIE, FL 33314	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradley S Hartman	
STREET ADDRESS	10000 Sterling Road	
CITY-ST-ZIP	Hollywood FL 33024	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger Busher	
STREET ADDRESS	4900 SW 64th Ave	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terrell Manyak	
STREET ADDRESS	3301 College Ave Room 5099	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeff Greaver	
STREET ADDRESS	2401 SW 64th Ave	
CITY-ST-ZIP	FL LAUD FL 33317	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim DeLoe	
STREET ADDRESS	3901 South State Road 7	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gabrielle Finley Hazle	
STREET ADDRESS		
CITY-ST-ZIP		

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:

Jeff Greaver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 954 792 9360

Date

Daytime Phone #