

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **761813 (5)**
1. Corporation Name
KIWANIS CLUB OF PABLO, JACKSONVILLE BEACHES, INC



Principal Place of Business: **1600 SHETTER AVE. JACKSONVILLE BCH. FL 32250**
Mailing Address: **95 ANCILLA CT. PONTE VEDRA BCH. FL 32082**

3. Date Incorporated or Qualified: **02/09/1982**
3a. Date of Last Report: **08/09/1995**
4. FEI Number: **51-0245558**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**GESSELL, LYMAN
95 ANCILLA CT.,
PONTE VEDRA BCH. FL 32082**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (Note: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	T	<input type="checkbox"/>
NAME	HAMILTON, GEORGE	
STREET ADDRESS	1412 PINWOOD ROAD	
CITY-ST-ZIP	JAX BEACH, FL 00000	
TITLE	S	<input type="checkbox"/>
NAME	GESSELL, LYMAN E	
STREET ADDRESS	95 ANCILLA CT	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	P	<input checked="" type="checkbox"/>
NAME	GRAVES, BIBB L	
STREET ADDRESS	14589 LAGOON DR.	
CITY-ST-ZIP	JAX BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	ZAZZARINO, EDWARD	
STREET ADDRESS	1895 HICKORY LANE	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	FREER, PATRICIA	
STREET ADDRESS	2100 DR. S. #5A	
CITY-ST-ZIP	JAX BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	WHYTE, ROBERT B	
STREET ADDRESS	1829 ARDEN WAY	
CITY-ST-ZIP	JAX BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	P	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Thornton, Gertrude L.		
3.3 STREET ADDRESS	38 Fairway Lane		
3.4 CITY-ST-ZIP	Jacksonville Bch., FL		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Lyman E. Gessell*
Lyman E. Gessell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/3/96** Date: **904 285-3742**
Date: _____ Date: _____

CR2E037 (12/95)