


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 32082-2407
--	---

3. Date Incorporated or Qualified 02/09/1982	3a. Date of Last Report 02/07/1996
4. FEI Number 51-0245558	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
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
FL 85 Zip Code

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T HAMILTON, GEORGE	1.2 NAME	
STREET ADDRESS	1412 PINWOOD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAX BEACH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S GESSELL, LYMAN E	2.2 NAME	
STREET ADDRESS	95 ANCILLA CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P THORNTON, GERTRUDE L	3.2 NAME	
STREET ADDRESS	39 FAIRWAY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ZAZZARINO, EDWARD	4.2 NAME	
STREET ADDRESS	1895 HICKORY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FREER, PATRICIA	5.2 NAME	
STREET ADDRESS	2100 DR. S. #5A	5.3 STREET ADDRESS	
CITY-ST-ZIP	JAX BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WHYTE, ROBERT B	6.2 NAME	
STREET ADDRESS	1829 ARDEN WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	JAX BEACH FL	6.4 CITY-ST-ZIP	

14. I do 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 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: *Gertrude L. Thornton* **GERTRUDE L. THORNTON** 2/7/96 (904) 249-5055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001113

CP2E037 (9/96)