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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761813

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
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2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 50503	3. Date Incorporated or Qualified 02/09/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 51-0245558
City & State 23	City & State 28 JACKSONVILLE BEACH, FL.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 32240-0503	Country 30 Duval	

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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, GEORGE	1.2 NAME	
STREET ADDRESS	1412 PINWOOD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAX BEACH, FL 00000 32250	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GESSELL, LYMAN E	2.2 NAME	FRED H. KING
STREET ADDRESS	95 ANCILLA CT	2.3 STREET ADDRESS	600 PINE STREET
CITY-ST-ZIP	PONTE VEDRA BCH FL 32250	2.4 CITY-ST-ZIP	NEPTUNE BEACH, FL. 32266
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, GERTRUDE L	3.2 NAME	DARRELL D. HILLIKER
STREET ADDRESS	39 FAIRWAY LANE	3.3 STREET ADDRESS	3793 Union Pacific DR. E
CITY-ST-ZIP	JACKSONVILLE FL 32250	3.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32216
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAZZARINO, EDWARD	4.2 NAME	
STREET ADDRESS	1895 HICKORY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREER, PATRICIA	5.2 NAME	
STREET ADDRESS	2100 DR. S. #5A	5.3 STREET ADDRESS	
CITY-ST-ZIP	JAX BEACH FL 32250	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHYTE, ROBERT B	6.2 NAME	BURT VAN WAGNER
STREET ADDRESS	1829 ARDEN WAY	6.3 STREET ADDRESS	1838 Cardinal Ct.
CITY-ST-ZIP	JAX BEACH FL 32250	6.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL. 32250

14. 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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)