

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 08, 2004  
Secretary of State**

DOCUMENT# 761813

Entity Name: KIWANIS CLUB OF PABLO, JACKSONVILLE BEACHES, INC.

**Current Principal Place of Business:**

1600 SHETTER AVE.  
JACKSONVILLE BCH., FL 32250 US

**New Principal Place of Business:**

281 19TH AVE. SOUTH  
JACKSONVILLE BCH., FL 32250 US

**Current Mailing Address:**

P.O. BOX 50503  
JACKSONVILLE, FL 322400503 US

**New Mailing Address:**

FEI Number: 51-0245558      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCABE, ROBERT W  
1816 TWELVE OAKS LN.  
NEPTUNE BEACH, FL 32266 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: P ( ) Delete  
Name: HOJAK, EMIL  
Address: 1901 N. FIRST ST.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T ( ) Delete  
Name: MCCABE, ROBERT W  
Address: 1816 TWELVE OAKS LN.  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: S ( ) Delete  
Name: GESSELL, LYMAN E  
Address: 95 ANCILLA CRT  
City-St-Zip: PONTE VEDRA BCH, FL 32250

Title: D ( ) Delete  
Name: ZAZZARINO, EDWARD  
Address: 1895 HICKORY LANE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: AT ( ) Delete  
Name: HAMILTON, GEORGE  
Address: 1412 PINEWOOD ROAD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete  
Name: OLSEN, ANNE  
Address: 1101 HAGLER DRIVE WEST  
City-St-Zip: NEPTUNE BEACH, FL 32266

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: KING, FRED  
Address: 600 PINE STREET  
City-St-Zip: NEPTUNE BEACH, FL 32266

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

Title: D (X) Change ( ) Addition  
Name: DINGLE, RUTH  
Address: 1655 THE GREEN WAY  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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 Section 119.07(3)(i), 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: ROBERT W. MCCABE

T

01/08/2004

Electronic Signature of Signing Officer or Director

Date