2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10357

FILED Feb 11, 2004 Secretary of State

Entity Name: THE KIWANIS CLUB OF JACKSONVILLE

Current Principal Place of Business: New Principal Place of Business:

1130 HOLLY LN JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

1130 HOLLY LN JACKSONVILLE, FL 32207

FEI Number: 59-1002454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PATTERSON, BOND & LATSHAW 3010 S 3RD STREEET JACKSONVILLE BEACH, FL 32250

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:

Flateric Circulate of Decident Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: MACLENNAN JOHN Name: FOSTER DAVID

 Name:
 MACLENNAN, JOHN
 Name:
 FOSTER, DAVID

 Address:
 P O BOX 53315
 Address:
 8375 DIX ELLIS TRL

 City-St-Zip:
 JACKSONVILLE, FL 32201
 City-St-Zip:
 JACKSONVILLE, FL 32256

Title: TD () Delete Title: () Change () Addition

 Name:
 COLLINS, MICHAEL
 Name:

 Address:
 7752 SPINDLETREE CT.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 FOSTER, DAVID
 Name:
 GULLION, PHIL

 Address:
 8880 FREEDOM CROSSING DR STE 103
 Address:
 6821 SO. PT. DR. N.

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:
 JACKSONVILLE, FL 32216

 $\label{eq:time_special} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 Name:
 LE FEVRE, RANDE
 Name:

 Address:
 1130 HOLLY LN
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:

 Name:
 GULLION, PHILLIP
 Name:
 TAPPAN, GLENN

 Address:
 6004 BOWDEN DALE AVENUE
 Address:
 PO BPX 41564

 City-St-Zip:
 JAX, FL 32216
 City-St-Zip:
 JAX, FL 32203

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 MARTIN, JARELL
 Name:
 MACLENNAN, JOHN

 Address:
 12290 DEEDER LN
 Address:
 PO BOX 53315

 City-St-Zip:
 JACKSONVILLE, FL 32205
 City-St-Zip:
 JACKSONVILLE, FL 32202

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: RANDE M. LE FEVRE SECY 02/11/2004