

# 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 # N37391 (2)**  
1. Corporation Name  
**KIWANIS CLUB OF ST. AUGUSTINE CORPORATION**



Principal Place of Business Mailing Address  
**P.O. BOX 637 ST. AUGUSTINE FL 32085-7637** **P.O. BOX 637 ST. AUGUSTINE FL 32085-7637**

|                                |  |                        |  |                                                                                                                                                             |  |                                              |  |
|--------------------------------|--|------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br><b>04/02/1990</b>                                                                                                      |  | 3a. Date of Last Report<br><b>04/07/1995</b> |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br><b>59-3017853</b>                                                                                                                          |  | Applied For<br>Not Applicable                |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   |  | <b>\$8.75 Additional Fee Required</b>        |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                             |  | <b>\$5.00 May Be Added to Fees</b>           |  |
| 24 Country                     |  | 29 Country             |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                              |  |

|                                                                                         |  |  |  |                                                       |  |  |  |
|-----------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent                                         |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| <b>UPCHURCH, H. DAVIS, JR.<br/>1524 N PONCE DE LEON BLVD<br/>ST. AUGUSTINE FL 32084</b> |  |  |  | 81 Name                                               |  |  |  |
|                                                                                         |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|                                                                                         |  |  |  | <b>700001808927<br/>-05/06/96--01032--034</b>         |  |  |  |
|                                                                                         |  |  |  | 84 City <b>***61.25</b> <b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

|                            |                              |                                            |  |                                                       |                                 |                                                                              |  |
|----------------------------|------------------------------|--------------------------------------------|--|-------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------|--|
| 12. OFFICERS AND DIRECTORS |                              |                                            |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |                                                                              |  |
| TITLE                      | <b>D</b>                     | <input type="checkbox"/> DELETE            |  | 1.1 TITLE                                             | <b>P</b>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>BURCHFIELD, RICK</b>      |                                            |  | 1.2 NAME                                              |                                 |                                                                              |  |
| STREET ADDRESS             | <b>237 SEGOVIA RD</b>        |                                            |  | 1.3 STREET ADDRESS                                    |                                 |                                                                              |  |
| CITY-ST-ZIP                | <b>ST. AUGUSTINE FL</b>      |                                            |  | 1.4 CITY-ST-ZIP                                       |                                 |                                                                              |  |
| TITLE                      | <b>D</b>                     | <input type="checkbox"/> DELETE            |  | 2.1 TITLE                                             | <b>T</b>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>SCOTT, HUGH A</b>         |                                            |  | 2.2 NAME                                              |                                 |                                                                              |  |
| STREET ADDRESS             | <b>105 DOGWOOD DR</b>        |                                            |  | 2.3 STREET ADDRESS                                    |                                 |                                                                              |  |
| CITY-ST-ZIP                | <b>ST AUGUSTINE FL</b>       |                                            |  | 2.4 CITY-ST-ZIP                                       |                                 |                                                                              |  |
| TITLE                      | <b>D</b>                     | <input checked="" type="checkbox"/> DELETE |  | 3.1 TITLE                                             | <b>D</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | <b>MOSER, JAMES</b>          |                                            |  | 3.2 NAME                                              | <b>ROBERT EBERLING</b>          |                                                                              |  |
| STREET ADDRESS             | <b>614 20TH STR</b>          |                                            |  | 3.3 STREET ADDRESS                                    | <b>120 CROOKED TREE TRAIL</b>   |                                                                              |  |
| CITY-ST-ZIP                | <b>ST AUGUSTINE FL</b>       |                                            |  | 3.4 CITY-ST-ZIP                                       | <b>ST AUGUSTINE, FL 32086</b>   |                                                                              |  |
| TITLE                      | <b>P</b>                     | <input checked="" type="checkbox"/> DELETE |  | 4.1 TITLE                                             | <b>D</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | <b>SLATERPRYCE, DANIELLE</b> |                                            |  | 4.2 NAME                                              | <b>DAVID SMITH</b>              |                                                                              |  |
| STREET ADDRESS             | <b>789 BAHIA DR</b>          |                                            |  | 4.3 STREET ADDRESS                                    | <b>40 CARRERA ST</b>            |                                                                              |  |
| CITY-ST-ZIP                | <b>ST AUGUSTINE FL</b>       |                                            |  | 4.4 CITY-ST-ZIP                                       | <b>ST AUGUSTINE, FL 32084</b>   |                                                                              |  |
| TITLE                      | <b>T</b>                     | <input checked="" type="checkbox"/> DELETE |  | 5.1 TITLE                                             | <b>D</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | <b>BOBBITT, KIMBALL R JR</b> |                                            |  | 5.2 NAME                                              | <b>JANICE SAGE</b>              |                                                                              |  |
| STREET ADDRESS             | <b>41 ZAMORA STR</b>         |                                            |  | 5.3 STREET ADDRESS                                    | <b>91 MOULTRIE CREEK CIRCLE</b> |                                                                              |  |
| CITY-ST-ZIP                | <b>ST AUGUSTINE FL</b>       |                                            |  | 5.4 CITY-ST-ZIP                                       | <b>ST AUGUSTINE, FL 32086</b>   |                                                                              |  |
| TITLE                      | <b>D</b>                     | <input checked="" type="checkbox"/> DELETE |  | 6.1 TITLE                                             | <b>D</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | <b>HAYES, O C</b>            |                                            |  | 6.2 NAME                                              | <b>WILLIAM ROBINSON</b>         |                                                                              |  |
| STREET ADDRESS             | <b>3160 OLD MOULTRIE RD</b>  |                                            |  | 6.3 STREET ADDRESS                                    | <b>231 CIRCLE DRIVE EAST</b>    |                                                                              |  |
| CITY-ST-ZIP                | <b>ST AUGUSTINE FL</b>       |                                            |  | 6.4 CITY-ST-ZIP                                       | <b>ST AUGUSTINE, FL 32095</b>   |                                                                              |  |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (12/95)