FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 02 1998 8:00am
Secretary of State

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

3. Date Incorporated or Qualified: 04/02/1990

4. FEI Number: 59-3017853 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

UPCHURCH, H. DAVIS, JR.
1510 N PONCE DE LEON BLVD
ST. AUGUSTINE FL 32084

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 _____ 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	P	☒ DELETE	1.1 TITLE	P-PRESIDENT	☐ Change ☒ Addition
NAME	BURCHFIELD, RICK		1.2 NAME	ROBERT TAYLOR	
STREET ADDRESS	237 SEGOVIA RD		1.3 STREET ADDRESS	193 SR 16	
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32084	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, HUGH A		2.2 NAME		
STREET ADDRESS	105 DOGWOOD DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EBERLING, ROBERT		3.2 NAME		
STREET ADDRESS	120 CROOKED TREE TRIAL		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL 32086		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D-DIRECTOR	☐ Change ☒ Addition
NAME	SMITH, DAVID		4.2 NAME	JAMES HIEBERT	
STREET ADDRESS	40 CARRERA ST.		4.3 STREET ADDRESS	220 BLUEBIRD LANE	
CITY-ST-ZIP	ST AUGUSTINE FL 32084		4.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32095	
TITLE	D	☒ DELETE	5.1 TITLE	D-DIRECTOR	☐ Change ☒ Addition
NAME	SAGE, JANICE		5.2 NAME	DAVID QUINNEY	
STREET ADDRESS	91 MOULTRIE CREEK CIRCLE		5.3 STREET ADDRESS	703 POPE ROAD	
CITY-ST-ZIP	ST AUGUSTINE FL 32086		5.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32084	
TITLE	VP	☐ DELETE	6.1 TITLE	V-PRESIDENT-ELECT	☒ Change ☐ Addition
NAME	ROBINSON, WILLIAM		6.2 NAME		
STREET ADDRESS	231 CIRCLE DRIVE EAST		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: SIGNATURE REQUIRED Susan A. Scott FL Jan 98 (904) 471-3053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR