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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90147 007 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N37391**

1. Corporation Name

**KIWANIS CLUB OF ST. AUGUSTINE CORPORATION**

Principal Place of Business

P.O. BOX 637  
 ST. AUGUSTINE FL 32085-7637

Mailing Address

P.O. BOX 637  
 ST. AUGUSTINE FL 32085-7637



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/02/1990

4. FEI Number

59-3017853

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be  
 Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TAYLOR, ROBERT	
STREET ADDRESS	193 SR 16	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCOTT, HUGH A	
STREET ADDRESS	105 DOGWOOD DR	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EBERLING, ROBERT	
STREET ADDRESS	120 CROOKED TREE TRIAL	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIEBERT, JAMES	
STREET ADDRESS	220 BLUBIRD LANE	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUINNEY, DAVID	
STREET ADDRESS	703 POPE RD	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	VPE	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, WILLIAM	
STREET ADDRESS	231 CIRCLE DRIVE EAST	
CITY-ST-ZIP	ST AUGUSTINE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM ROBINSON	
1.3 STREET ADDRESS	231 CIRCLE DRIVE E.	
1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT EBERLING	
2.3 STREET ADDRESS	437 BIG TREE RD.	
2.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

*Robert A. Ste...*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99

904-824-6111

CR2E037 (1/98)