2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37391

Entity Name: KIWANIS CLUB OF ST. AUGUSTINE CORPORATION

FILED Apr 06, 2021 **Secretary of State** 0007316923CC

Current Principal Place of Business:

1510 N PONCE DELEON BLVD ST. AUGUSTINE. FL 32084

Current Mailing Address:

P.O. BOX 637

ST. AUGUSTINE. FL 32085

FEI Number: 59-3017853 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZAKROCKI, STEVE

STEVEN L. ZAKROCKI, P.L. 1510 N PONCE DELEON BLVD SAINT AUGUSTINE, FL 32084 US

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: STEVEN L. ZAKROCKI 04/06/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Name

| Title | TREASURER | Title | PAST PRESIDENT |
|---------|---------------------|---------|----------------|
| Name | LOOK, JOE LYNN | Name | BATEMAN, CECIL |
| Address | 372 SAN NICOLAS WAY | Address | 6 COQUINA BLVD |

City-State-Zip: ST AUGUSTINE FL 32080 City-State-Zip: ST. AUGUSTINE FL 32080

Title **SECRETARY** Title **PRESIDENT** Name WARREN, MARY Name WEST, NANCY Address 316 AMELIA COURT Address 2995 US HIGHWAY 1 S ST. AUGUSTINE FL 32080 City-State-Zip: City-State-Zip: ST AUGUSTINE FL 32086

Title DIRECTOR Title **DIRECTOR** Name BOLING, STEVE

Address 1200 ROYAL TROON LANE 1510 N PONCE DELEON BLVD Address ST. AUGUSTINE FL 32086 City-State-Zip: SAINT AUGUSTINE FL 32084 City-State-Zip:

Title DIRECTOR Title DIRECTOR Name MARTIN, LAYNE WILLIAMS, DEBBRA Name

1014 ROYAL TROON LANE Address 335 CHARLOTTE STREET Address City-State-Zip: SAINT AUGUSTINE FL 32086 SAINT AUGUSTINE FL 32084 City-State-Zip:

I hereby 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 all other like empowered.

SIGNATURE: JOE LYNN LOOK **TREASURER** Electronic Signature of Signing Officer/Director Detail

04/06/2021

Date