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.

SECRETARY

#### SIGNATURE: RANDE LE FEVRE

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# C10357

### Entity Name: THE KIWANIS CLUB OF JACKSONVILLE

#### **Current Principal Place of Business:**

5510 MILMAR CIR. JACKSONVILLE, FL 32207

### **Current Mailing Address:**

5510 MILMAR CIR. JACKSONVILLE, FL 32207 US

### FEI Number: 59-1002454

# Name and Address of Current Registered Agent:

FUSILLO, MICHELLE ESQ. 9957 MOORINGS DR. #201 JACKSONVILLE, FL 32257 US Certificate of Status Desired: No

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:	MICHELLE FUSILLO			02/02/2022	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT	Title	TD		
Name	BANKS, JIM	Name	COLLINS, MICHAEL		
Address	8318 AMHERST HILLS LANE	Address	7752 SPINDLETREE CT.		
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256		
Title	SD	Title	VICEPRESIDENT		
THE	30	nue	VICEI RESIDEINI		
Name	LE FEVRE, RANDE M	Name	RICHARDSON, JIMMY		
Address	5510 MILMAR CIR.	Address	PO BOX 5504		
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32247		

02/02/2022

## FILED Feb 02, 2022 Secretary of State 6346127417CC

Date