# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 16, 2007**
**Secretary of State**

DOCUMENT# 709724

**Entity Name:** KIWANIS CLUB OF WESTSIDE JACKSONVILLE, INC.

**Current Principal Place of Business:**

6802 COMMONWEALTH AVE
JACKSONVILLE, FL 32254 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 16283
JACKSONVILLE, FL 32245 US

**New Mailing Address:**

**FEI Number: 59-6168919** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WASMUND, WORTHY A
10254 MANORVILLE DR
JACKSONVILLE, FL 32221 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | WASMUND, WORTHY A | |
| Address: | 10254 MANORVILLE DR | |
| City-St-Zip: | JACKSONVILLE, FL 32221 US | |
| Title: | T | ( ) Delete |
| Name: | JAMMES, DENNIS J | |
| Address: | 7315 BOWDEN CIR. S | |
| City-St-Zip: | JACKSONVILLE, FL 32216 US | |
| Title: | S | ( ) Delete |
| Name: | JOHNSON, GLENN E | |
| Address: | 1644 MAYVIEW RD | |
| City-St-Zip: | JACKSONVILLE, FL 322102218 US | |
| Title: | D | ( ) Delete |
| Name: | GANEY, HARRY D | |
| Address: | 4979 WATER OAK LN | |
| City-St-Zip: | JACKSONVILLE, FL 32210 US | |
| Title: | D | ( ) Delete |
| Name: | BRADDOCK, THOMAS H | |
| Address: | 1628 S. FLECTCHER AVE | |
| City-St-Zip: | FERNANDINA BEACH, FL 32034 | |
| Title: | D | ( ) Delete |
| Name: | DEAN, JAMES F JR | |
| Address: | 1704 MT. VERNON DR | |
| City-St-Zip: | JACKSONVILLE, FL 32210 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DENNIS JAMMES TREA 02/16/2007

Electronic Signature of Signing Officer or Director — Date