

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709724

FILED
Jul 09, 2008
Secretary of State

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:

P. O. BOX 16368
JACKSONVILLE, FL 32245 US

FEI Number: 59-6168919 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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. FLETCHEER 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
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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 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: J. DENNIS JAMMES

TREA

07/09/2008

Electronic Signature of Signing Officer or Director

Date