

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB 17 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710086

(0)

1. Corporation Name

KWANIS CLUB OF JACKSONVILLE-BREAKFAST, INC.

Principal Place of Business

Mailing Address

GLENN E. JOHNSON
1644 MAYVIEW ROAD
JACKSONVILLE FL 32210

GLENN E. JOHNSON
1644 MAYVIEW ROAD
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1965

3a. Date of Last Report

05/01/1994

4. FEI Number

51-0211446

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$60.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21. Suits, Apt. #, etc.

26. Suits, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, GLENN E.
1644 MAYVIEW ROAD
JACKSONVILLE FL 32210

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Glenn E. Johnson Secretary (same)

1-25-95

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when restoring)

DATE

TITLE S
NAME JOHNSON, GLENN E
STREET ADDRESS 1644 MAYVIEW RD
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE PPD
NAME RUSS, ALBERT B.
STREET ADDRESS 7832 BAYMEADOWS CIR. W.
CITY-ST-ZIP JACKSONVILLE, FL 32210 *Delete*

TITLE PPD
NAME KOTSIS, ROBERT L.
STREET ADDRESS 15814 PARETE ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE PP
NAME FOLMAR, JOSEPH N
STREET ADDRESS 8027 CATAMBA DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32200 *DELETE*

TITLE PPD
NAME KINARD, HENRY J.
STREET ADDRESS 5308 SANTA ROSA WAY
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE PP
NAME RAMSDELL, HERBERT E.
STREET ADDRESS 9774 NIMITZ COURT S.
CITY-ST-ZIP JACKSONVILLE, FL 32216

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PPD
RUSS, ALBERT B.
8118 SABAL OAK LANE
JACKSONVILLE, FL 32256

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Glenn E. Johnson SECRETARY AND REGISTERED AGENT NAME OF SIGNING OFFICER OR DIRECTOR

Glenn E. Johnson Secretary 1-25-95

904-388-1897

Date

Telephone Number

001108