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Apr 04 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 710086 (0)  
1. Corporation Name  
KIWANIS 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 32210-2218

3. Date Incorporated or Qualified 12/21/1965 3a. Date of Last Report 01/31/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
JOHNSON, GLENN E.  
1644 MAYVIEW ROAD  
JACKSONVILLE FL 32210  
10. Name and Address of New Registered Agent  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) 3-11-97 DATE

12. OFFICERS AND DIRECTORS  
TITLE D NAME PP SEGREST, ROBERT W  
STREET ADDRESS 10481 OTTER CREEK DRIVE  
CITY-ST-ZIP JACKSONVILLE FL  
TITLE D NAME PD RUSS, ALBERT B  
STREET ADDRESS 8118 SABAL OAK LANE  
CITY-ST-ZIP JACKSONVILLE FL 32256  
TITLE PPD NAME KOTSIS, ROBERT L.  
STREET ADDRESS 15814 PARETE ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 00000  
TITLE P NAME RAMSDELL, HERBERT E  
STREET ADDRESS 9774 NIMITZ CT. S.  
CITY-ST-ZIP JACKSONVILLE FL 32216  
TITLE D NAME PPD KINARD, HENRY J.  
STREET ADDRESS 5308 SANTA ROSA WAY  
CITY-ST-ZIP JACKSONVILLE FL  
TITLE P NAME GANEY, HARRY  
STREET ADDRESS 4979 WATERBROOK LANE  
CITY-ST-ZIP JACKSONVILLE FL 32210

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE D  
1.2 NAME DANIEL A FITZGERALD  
1.3 STREET ADDRESS 1267 McDUFF AVE #3  
1.4 CITY-ST-ZIP JACKSONVILLE FL 32205-8063  
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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 3-11-97 904-388-1897  
SPONSOR/ENDORSEMENT/REPORTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #00000001

CR2E037 (9/96)