


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90022 022 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710086** (0)  
1. Corporation Name  
**KIWANIS CLUB OF JACKSONVILLE-BREAKFAST, INC.**



Principal Place of Business <b>GLENN E. JOHNSON</b> <b>1644 MAYVIEW ROAD</b> <b>JACKSONVILLE FL 32210</b>	Mailing Address <b>GLENN E. JOHNSON</b> <b>1644 MAYVIEW ROAD</b> <b>JACKSONVILLE FL 32210</b>
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3. Date Incorporated or Qualified <b>12/21/1965</b>	Applied For
4. FEI Number <b>51-0211446</b>	Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JOHNSON, GLENN E.</b> <b>1644 MAYVIEW ROAD</b> <b>JACKSONVILLE FL 32210</b>	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	<b>SEGREST, ROBERT W</b>
STREET ADDRESS	<b>10481 OTTER CREEK DRIVE</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL</b>
TITLE	RD <input type="checkbox"/> DELETE
NAME	<b>RUSS, ALBERT B</b>
STREET ADDRESS	<b>8118 SABAL OAK LANE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>FITZGERALD, DANIEL A</b>
STREET ADDRESS	<b>1267 MCDUFF AVE #3</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 63</b>
TITLE	PPD <input type="checkbox"/> DELETE
NAME	<b>GANEY, HARRY</b>
STREET ADDRESS	<b>4979 WATER OAK LANE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	PPD <input type="checkbox"/> DELETE
NAME	<b>KINARD, HENRY J.</b>
STREET ADDRESS	<b>5308 SANTA ROSA WAY</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: \_\_\_\_\_ **1-26-99** **904-388-1897**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0005178

CR2E037 (10/97)