

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90041 041 ****61.25

DOCUMENT # 719304

1. Entity Name
KIWANIS CLUB OF ARLINGTON, JACKSONVILLE, INC.



Principal Place of Business
P.O. BOX 8551
JACKSONVILLE, FL 32239 US

Mailing Address
P.O. BOX 8551
JACKSONVILLE, FL 32239 US

50024410



07242006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-6168916

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOREY, STAN L
~~207 MEADOWFIELD BLUFF RD-W~~
YULEE, FL 32097

Name

Street Address (P.O. Box Number is Not Acceptable)

86279 MEADOWFIELD BLUFF RD.

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ~~PO~~ ☒ Delete
NAME: ~~CHRISTINE TYLER~~
STREET ADDRESS: ~~3849 VALKURIE~~
CITY-ST-ZIP: ~~MIDDLEBURG, FL 32068~~

TITLE: ~~PO~~ ☐ Change ☐ Addition
NAME: **HOLLISTER, ROBERT A.**
STREET ADDRESS: **5527 SELTOLL AVENUE**
CITY-ST-ZIP: **JACKSONVILLE, FL 32277**

TITLE: SD ☐ Delete
NAME: PARRISH, URBAN U
STREET ADDRESS: 3757 GURLEY RD
CITY-ST-ZIP: JACKSONVILLE, FL 32277

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ~~TD~~ ☒ Delete
NAME: ~~LE PAGE, DAVID A~~
STREET ADDRESS: ~~2027 HOLIDAY RD-N~~
CITY-ST-ZIP: ~~JACKSONVILLE, FL 32216~~

TITLE: ~~TD~~ ☐ Change ☐ Addition
NAME: **ROUSE, MICHAEL R.**
STREET ADDRESS: **3483 THORNHILL DRIVE**
CITY-ST-ZIP: **JACKSONVILLE, FL 32277-2567**

TITLE: D ☐ Delete
NAME: BRANNON, JULIE
STREET ADDRESS: 5907 COVERED CREEK LANE
CITY-ST-ZIP: JACKSONVILLE, FL 32277

TITLE: ~~PE D~~ ☒ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ~~D~~ ☒ Delete
NAME: ~~RUSSO, THOMAS~~
STREET ADDRESS: ~~11963 COLBY CREEK DR~~
CITY-ST-ZIP: ~~JACKSONVILLE, FL 32258~~

TITLE: ~~D~~ ☐ Change ☐ Addition
NAME: **LE PAGE, DAVID A.**
STREET ADDRESS: **2027 HOLIDAY RD. N.**
CITY-ST-ZIP: **JACKSONVILLE, FL 32216**

TITLE: D ☐ Delete
NAME: STOREY, STAN
STREET ADDRESS: ~~207 MEADOWFIELD BLUFF RD-W~~
CITY-ST-ZIP: YULEE, FL 32097

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: **86279 MEADOWFIELD BLUFF RD.**
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Urban U Parrish* **URBAN U. PARRISH 08/04/06 (904) 743-0659**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #