

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90114 001 ****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

60003030

2. Principal Place of Business - No P.O. Box #
3152 Fruitwood Ln.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01062007 Chg-NP CR2E037 (12/06)

City & State
Jacksonville, FL
Zip 32277 Country US

City & State
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

STOREY, STAN L
86278 MEADOWFIELD BLUFF RD.
YULEE, FL 32097

7. Name and Address of New Registered Agent

Name Michael R. Rouse
Street Address (P.O. Box Number is Not Acceptable)
3152 Fruitwood Ln.
City Jacksonville FL Zip Code 32277

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 Michael R. Rouse Michael R. Rouse, Treasurer 1-13-07
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 May 1, 2007**

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

TITLE PD
NAME HOLLISTER, ROBERT A ☐ Delete
STREET ADDRESS 5527 SELTON AVE
CITY-ST-ZIP JACKSONVILLE, FL 32277

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

TITLE TD
NAME ROUSE, MICHAEL R ☐ Delete
STREET ADDRESS 3483 THORNHILL DR.
CITY-ST-ZIP JACKSONVILLE, FL 32277

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

TITLE D
NAME LEPAGE, DAVID A ☐ Delete
STREET ADDRESS 2027 HOLIDAY RD. N.
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D
NAME STOREY, STAN ☐ Delete
STREET ADDRESS 86278 MEADOWFIELD BLUFF RD.
CITY-ST-ZIP YULEE, FL 32097

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3152 Fruitwood Ln
CITY-ST-ZIP Jacksonville, FL 32277

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7027 Holiday Rd. N.
CITY-ST-ZIP Jacksonville, FL 32216

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 86279 Meadow Field Bluff Rd.
CITY-ST-ZIP Yulee, FL 32097

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: Michael R. Rouse Michael R. Rouse 1-13-07 904-744-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #