

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719304

FILED  
Feb 01, 2009  
Secretary of State

**Entity Name:** KIWANIS CLUB OF ARLINGTON, JACKSONVILLE, INC.

**Current Principal Place of Business:**

3152 FRUITWOOD LN  
JACKSONVILLE, FL 32277 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8551  
JACKSONVILLE, FL 32239 US

**New Mailing Address:**

**FEI Number:** 59-6168916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROUSE, MICHAEL R  
3152 FRUITWOOD LN.  
JACKSONVILLE, FL 32277 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PED ( ) Delete  
Name: HOLLISTER, ROBERT A  
Address: 5527 SELTON AVE  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete  
Name: HERRINGTON, MICHAEL  
Address: 12328 MOOSE HOLLOW DR  
City-St-Zip: JACKSONVILLE, FL 32226

Title: TD ( ) Delete  
Name: ROUSE, MICHAEL R  
Address: 3152 FRUITWOOD LN  
City-St-Zip: JACKSONVILLE, FL 32277

Title: PD ( ) Delete  
Name: BRANNON, JULIE  
Address: 5907 COVERED CREEK LANE  
City-St-Zip: JACKSONVILLE, FL 32277

Title: SD ( ) Delete  
Name: LEPAGE, DAVID A  
Address: 7027 HOLIDAY RD. N.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: STOREY, STAN  
Address: 86279 MEADOW FIELD BLUFF RD.  
City-St-Zip: YULEE, FL 32097

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HOLLISTER, ROBERT A  
Address: 5527 SELTON AVE  
City-St-Zip: JACKSONVILLE, FL 32277

Title: PD (X) Change ( ) Addition  
Name: HERRINGTON, MICHAEL  
Address: 12328 MOOSE HOLLOW DR  
City-St-Zip: JACKSONVILLE, FL 32226

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BRANNON, JULIE  
Address: 5907 COVERED CREEK LANE  
City-St-Zip: JACKSONVILLE, FL 32277

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R ROUSE

TD

02/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date