FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **741309** **(9)**

1. Corporation Name

THE KIWANIS CLUB OF NORTH JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
1882 DUNN AVENUE JACKSONVILLE FL 32218 US	1882 DUNN AVENUE JACKSONVILLE FL 32218 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1977
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2094153 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21): 1882 Dunn Avenue
Suite, Apt. #, etc. (22):
City & State (23): Jacksonville Fl
Zip (24): 32218 Country (25): Duval

2a. Mailing Address (26): Same
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

9. Name and Address of Current Registered Agent

WILSON, RICHARD
1882 DUNN AVENUE
JACKSONVILLE FL 32218

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: K. Wilson K. Wilson Secretary 4-25-95
(Signature typed or printed name of registered agent and the capacity or title) (If CT Registered Agent Signature Required When Applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	D	11 TITLE	D ☑ Change ☐ Addition
NAME	GRACIA, DAVID	12 NAME	BROOKS, JACK
STREET ADDRESS	2100 MCCORMICK PLACE	13 STREET ADDRESS	17353 Holmes Mill Rd
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Jacksonville Fl
TITLE	~~V~~	21 TITLE	V ☐ Change ☑ Addition
NAME	~~MARSHALL, FRANK~~	22 NAME	GEE, KAREY
STREET ADDRESS	~~1503 CARBONDALE~~	23 STREET ADDRESS	3520 JACONA St.
CITY ST ZIP	~~JACKSONVILLE FL~~	24 CITY ST ZIP	Jacksonville Fl
TITLE	S	31 TITLE	~~D~~ ☐ Change ☐ Addition
NAME	WILSON, RICHARD	32 NAME	
STREET ADDRESS	1882 DUNN	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	D ☑ Change ☐ Addition
NAME	~~BROOKS, JACK~~	42 NAME	GRACIA DAVID
STREET ADDRESS	~~17353 HOLMES MILL RD~~	43 STREET ADDRESS	2100 Mccormick Place
CITY ST ZIP	~~JACKSONVILLE FL~~	44 CITY ST ZIP	Jacksonville Fl
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BROWARD, A.S. 1	52 NAME	
STREET ADDRESS	396 BROWARD ROAD	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HURST, FRANK E	62 NAME	
STREET ADDRESS	2622 DUNN AVE	63 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is validly furnished and 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: K. Wilson K. Wilson Secretary 4-25-95 904-751-2323
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Title Daytime Phone #

0028806