

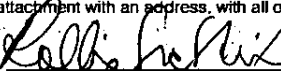


FILED
May 05, 2004 8:00 am
Secretary of State

14021922

DOCUMENT # 753169						Secretary of State 05-05-2004 90237 028 ****61.25					
1. Entity Name KIWANIS CLUB OF HISTORIC ST. AUGUSTINE, INCORPORATED				Principal Place of Business P.O. BOX 3063 ST. AUGUSTINE, FL 32085-0063				Mailing Address P.O. BOX 3063 ST. AUGUSTINE, FL 32085-0063			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country				14021922  05022004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2082046 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCNEIL, ROLLIE 3405 KINGS ROAD SOUTH ST AUGUSTINE, FL 32086						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
Filing Fee is \$61.25 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: VP NAME: MITCHELL, STEVE STREET ADDRESS: 600 WILLOW WALK PLACE CITY-ST-ZIP: ST AUGUSTINE, FL 32086 <input checked="" type="checkbox"/> Delete						TITLE: VP NAME: WELTY, JASON STREET ADDRESS: 24 AVISTA CIRCLE CITY-ST-ZIP: ST. AUG. FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE: D NAME: WELTY, RICHARD STREET ADDRESS: 24 AVISTA CIRCLE CITY-ST-ZIP: ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete						TITLE: D NAME: MCNEIL, ROLLIE STREET ADDRESS: 3405 KINGS ROAD SOUTH CITY-ST-ZIP: ST AUGUSTINE, FL 32086 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE: PD NAME: BELL, JEFF STREET ADDRESS: 120 SR 312 WEST CITY-ST-ZIP: SAINT AUGUSTINE, FL 32086 <input checked="" type="checkbox"/> Delete						TITLE: PD NAME: LIENOLD, ART STREET ADDRESS: PO Box 3063 CITY-ST-ZIP: St. Aug FL 32085 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete						TITLE: SD NAME: BRADEN, ROBERT STREET ADDRESS: PO Box 3063 CITY-ST-ZIP: St. Aug. FL 32085 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete						TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. 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 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:  ROLLIE MCNEIL 4/30/04 904.825.442											