

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90043 027 ****61.25

DOCUMENT # 753169 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.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2082046	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 WAYNE HOWELL Street Address (P.O. Box Number is Not Acceptable) 400 N. PONCE DE LEON BLVD. City ST. AUGUSTINE FL 32084	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> WAYNE HOWELL </div> <div style="width: 30%; text-align: right;"> 2/10/05 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	P JASON WELTY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELTY, JASON		NAME	24 AVLUTA CIR.	
STREET ADDRESS	24 AVLUTA CIR		STREET ADDRESS	ST. AUGUSTINE, FL 32080	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP NICK PANEPIANTO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELTY, RICHARD		NAME	P.O. BOX 3063	
STREET ADDRESS	24 AVISTA CIRCLE		STREET ADDRESS	ST. AUGUSTINE FL 32085	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	S. ROBERT BRADEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEIL, ROLLIE		NAME	P.O. BOX 3063	
STREET ADDRESS	3405 KINGS ROAD SOUTH		STREET ADDRESS	ST. AUGUSTINE FL 32085	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	T JAMES DALE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIEPOLD, ART		NAME	P.O. BOX 3063	
STREET ADDRESS	PO BOX 3063		STREET ADDRESS	ST. AUGUSTINE FL 32085	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32085		CITY-ST-ZIP		
TITLE	SP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADEN, ROBERT		NAME		
STREET ADDRESS	PO BOX 3063		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32085		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			02/09/05 (904) 471-0530		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		