

FILE NOW: FILING FEE IS \$61.25

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|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION ANNUAL REPORT 1996 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

DOCUMENT # 761813 (5)

1. Corporation Name

KIWANIS CLUB OF PABLO, JACKSONVILLE BEACHES, INC

Principal Place of Business

**1600 SHETTER AVE.
JACKSONVILLE BCH. FL 32250**

Mailing Address

**95 ANCILLA CT.
PONTE VEDRA BCH. FL 32082**



3. Date Incorporated or Qualified

02/09/1982

3a. Date of Last Report

08/09/1995

4. FEI Number

51-0245558

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GESSELL, LYMAN
95 ANCILLA CT.,
PONTE VEDRA BCH. FL 32082**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when restate (g).)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|----------------------------|--------------------------------------------|
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | HAMILTON, GEORGE | |
| STREET ADDRESS | 1412 PINWOOD ROAD | |
| CITY-ST-ZIP | JAX BEACH, FL 00000 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | GESSELL, LYMAN E | |
| STREET ADDRESS | 95 ANCILLA CT | |
| CITY-ST-ZIP | PONTE VEDRA BCH FL | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | GRAVES, BIBB L | |
| STREET ADDRESS | 14589 LAGOON DR. | |
| CITY-ST-ZIP | JAX BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ZAZZARINO, EDWARD | |
| STREET ADDRESS | 1895 HICKORY LANE | |
| CITY-ST-ZIP | ATLANTIC BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FREER, PATRICIA | |
| STREET ADDRESS | 2100 DR. S. #5A | |
| CITY-ST-ZIP | JAX BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WHYTE, ROBERT B | |
| STREET ADDRESS | 1829 ARDEN WAY | |
| CITY-ST-ZIP | JAX BEACH FL | |

| | |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Thornton, Gertrude L. |
| 3.3 STREET ADDRESS | 38 Fairway Lane |
| 3.4 CITY-ST-ZIP | Jacksonville Bch., FL |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lyman E. Gessell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/96

DATE

904 285-3742

DATE/PHONE #

CR2E037 (12/95)