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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32082-2407

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

02/09/1982

3a. Date of Last Report

02/07/1996

4. FEI Number

51-0245558

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T
NAME HAMILTON, GEORGE
STREET ADDRESS 1412 PINWOOD ROAD
CITY-ST-ZIP JAX BEACH, FL 000001.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE S
NAME GESSELL, LYMAN E
STREET ADDRESS 95 ANCILLA CT
CITY-ST-ZIP PONTE VEDRA BCH FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE P
NAME THORNTON, GERTRUDE L
STREET ADDRESS 39 FAIRWAY LANE
CITY-ST-ZIP JACKSONVILLE FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME ZAZZARINO, EDWARD
STREET ADDRESS 1895 HICKORY LANE
CITY-ST-ZIP ATLANTIC BEACH FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME FREER, PATRICIA
STREET ADDRESS 2100 DR. S. #5A
CITY-ST-ZIP JAX BEACH FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D
NAME WHYTE, ROBERT B
STREET ADDRESS 1829 ARDEN WAY
CITY-ST-ZIP JAX BEACH FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

Gertrude L. Thornton GERTRUDE L. THORNTON 2/7/96 (904) 249-5055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001113

CP2E037 (9/96)