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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761813** (5)
1. Corporation Name
KIWANIS CLUB OF PABLO, JACKSONVILLE BEACHES, INC



Principal Place of Business 1600 SMETTER AVE. JACKSONVILLE BCH. FL 32250	Mailing Address 95 ANCILLA CT. PONTE VEDRA BCH. FL 32082
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3. Date Incorporated or Qualified 02/09/1982
4. FEI Number 51-0245558
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent GESSELL, LYMAN 95 ANCILLA CT., PONTE VEDRA BCH. FL 32082
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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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	HAMILTON, GEORGE
STREET ADDRESS	1412 PINWOOD ROAD
CITY-ST-ZIP	JAX BEACH, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	S GESSELL, LYMAN E
STREET ADDRESS	95 ANCILLA CT
CITY-ST-ZIP	PONTE VEDRA BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	P THORNTON, GERTRUDE L
STREET ADDRESS	39 FAIRWAY LANE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D ZAZZARINO, EDWARD
STREET ADDRESS	1895 HICKORY LANE
CITY-ST-ZIP	ATLANTIC BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D FREER, PATRICIA
STREET ADDRESS	2100 DR. S. #5A
CITY-ST-ZIP	JAX BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D WHYTE, ROBERT B
STREET ADDRESS	1829 ARDEN WAY
CITY-ST-ZIP	JAX BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	George K. Hamilton, Sr.
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	32250
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32082
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	32250
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	32233
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	32250
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	32250

14. 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 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: *George K. Hamilton, Sr.* **GEORGE K. HAMILTON, SR.**
Treasurer (T) 1/9/98 (904) 246-0407

CR2E037 (10/97)