2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#761813

FILED Jan 08, 2004 Secretary of State

Entity Name: KIWANIS CLUB OF PABLO, JACKSONVILLE BEACHES, INC.

Current Principal Place of Business: New Principal Place of Business: 1600 SHETTER AVE. 281 19TH AVE. SOUTH JACKSONVILLE BCH., FL 32250 US LIS JACKSONVILLE BCH., FL 32250 **Current Mailing Address: New Mailing Address:** P.O. BOX 50503 JACKSONVILLE, FL 322400503 US FEI Number: 51-0245558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCABE, ROBERT W 1816 TWÉLVE OAKS LN. NEPTUNE BEACH, FL 32266 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HOJAK, EMIL KING, FRED Name: Name: 1901 N. FIRST ST. Address: 600 PINE STREET Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: NEPTUNE BEACH, FL 32266 Title: () Delete Title: () Change () Addition MCCABE, ROBERT W Name: Name: Address: 1816 TWELVE OAKS LN. Address: City-St-Zip: NEPTUNE BEACH, FL 32266 City-St-Zip: Title: () Delete Title: (X) Change () Addition GESSELL, LYMAN E DINGLE, RUTH Name: Name: Address: 95 ANCILLA CRT Address: 1655 THE GREEN WAY PONTE VEDRA BCH, FL 32250 City-St-Zip: City-St-Zip: JACKSONVILLE BEACH, FL 32250 () Delete Title: Title: () Change () Addition Name: ZAZZARINO, EDWARD Name: 1895 HICKORY LANE Address: Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: Title: () Delete Title: () Change () Addition HAMILTON, GEORGE Name: Name: 1412 PINEWOOD ROAD Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: Title: () Delete Title: () Change () Addition OLSEN, ANNE Name: Name: Address: 1101 HAGLER DRIVE WEST Address: NEPTUNE BEACH, FL 32266 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. MCCABE T 01/08/2004