SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 19 AM 10:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N06294** **(5)**

1. Corporation Name

KIWANIS CLUB OF JACKSONVILLE BEACHES, FLORIDA, CHARITIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
599 ATLANTIC BLV #6 P O BOX 50745 JACKSONVILLE FL 32240-0745	599 ATLANTIC BLV #6 P O BOX 50745 JACKSONVILLE FL 32240-0745

3. Date Incorporated or Qualified: **11/26/1984**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2471139** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

NOE, WILLIAM G JR
599 ATLANTIC BLVD
SUITE 6
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	☐ Change ☐ Addition	
NAME	BORDERS, EDWIN E JR	1.1 TITLE	TD
STREET ADDRESS	1112 THIRD STREET #9	1.2 NAME	PETER W. GENTRY
CITY-ST-ZIP	NEPTUNE BEACH FL	1.3 STREET ADDRESS	10109 BISHOP LAKE RD. WEST
		1.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	PD	☐ Change ☐ Addition	
NAME	DUNFORD, JAMES M	2.1 TITLE	PD
STREET ADDRESS	5510 RIGEL COURT	2.2 NAME	ROBERT GRANACHER
CITY-ST-ZIP	ATLANTIC BCH. FL	2.3 STREET ADDRESS	551 PELICAN KEY
		2.4 CITY-ST-ZIP	ATLANTIC BEACH FL 32233
TITLE	VD	☑ Change ☐ Addition	
NAME	GRANACHER, ROBERT	3.1 TITLE	VD
STREET ADDRESS	551 PELICAN KEY	3.2 NAME	EDWIN E. BORDERS JR.
CITY-ST-ZIP	ATLANTIC BCH. FL	3.3 STREET ADDRESS	1112 THIRD STREET #9
		3.4 CITY-ST-ZIP	NEPTUNE BEACH FL 32266
TITLE		☑ Change ☐ Addition	
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE		☐ Change ☐ Addition	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE		☐ Change ☐ Addition	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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)(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: Peter W. Gentry 7/11/95 904-285-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PETER W. GENTRY, TREASURER

0002200

CR2E037 (3/95)