

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N06294** (5)

1. Corporation Name

**KIWANIS CLUB OF JACKSONVILLE BEACHES, FLORIDA, C  
HARITIES, INC.**



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  
**07/19/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **P.O. BOX 330421**

**22** City & State

**27** Suite, Apt. #, etc.  
**28** **ATLANTIC BEACH, FL.**

**23** Zip Country  
**24** **32233** **25** Country

**29** **32233** **30** Country

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**

8. 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

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

**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 re-registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **GENTRY, PETER W**  
CITY-ST-ZIP **10109 BISHOP LAKE RD W  
JACKSONVILLE FL**

TITLE ☒ DELETE  
NAME **PD**  
STREET ADDRESS **GRANACHER, ROBERT**  
CITY-ST-ZIP **551 PELICAN KEY  
ATLANTIC BEACH FL**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **BORDER, EDWIN E**  
CITY-ST-ZIP **1112 3RD STREET #9  
NEPTUNE BEACH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRESIDENT ID** ☒ Change ☐ Addition  
1.2 NAME **GENTRY, PETER W.**  
1.3 STREET ADDRESS **10109 BISHOP LAKE RD. W**  
1.4 CITY-ST-ZIP **JACKSONVILLE FL 32256**

2.1 TITLE **TREASURER ID** ☐ Change ☒ Addition  
2.2 NAME **LONG, SAM**  
2.3 STREET ADDRESS **1154 COVA LANDING**  
2.4 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

3.1 TITLE **PRESIDENT ID** ☒ Change ☐ Addition  
3.2 NAME **BORDERS, EDWIN E. JR.**  
3.3 STREET ADDRESS **1112 3RD STREET 9**  
3.4 CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **400001767624**  
4.4 CITY-ST-ZIP **-04/03/96--01016--015**

5.1 TITLE **\*\*\*61.25** ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **PETER W. GENTRY, VP** 3/12/96 904 285 8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

out  
4-2-96