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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N06297 (8)

1. Corporation Name

KIWANIS CLUB OF JACKSONVILLE BEACHES, FLORIDA, I NC.

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

2. Principal Place of Business
21 599 Atlantic Blvd
Suite, Apt. #, etc.
22 #6
City & State
23 Atlantic Beach, FL
Zip 24 32233 Country 25

2a. Mailing Address
26 ~~P.O. Box 50745~~ 599 Atlantic Blvd.
Suite, Apt. #, etc.
27 #6
City & State
28 ~~Jacksonville~~ Atlantic Beach, FL
Zip 29 ~~32240-0745~~ 32233 Country 30

3. Date Incorporated or Qualified: 11/26/1984
3a. Date of Last Report: 03/18/1996
4. FEI Number: 59-2332110 ☐ 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

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

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's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	PRESIDENT (P) and (D)	☒ Change ☐ Addition
NAME	GENTRY, PETER W		1.2 NAME		
STREET ADDRESS	10109 BISHOP LAKE RD W		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE	SECRETARY (S) and (D)	☒ Change ☐ Addition
NAME	LONG, SAM		2.2 NAME		
STREET ADDRESS	1154 COVE LANDING		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BCH FL 32233		2.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BORDERS, EDWIN E JR		3.2 NAME		
STREET ADDRESS	1112 THIRD ST 9		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	VICE PRESIDENT (V) and (D)	☐ Change ☒ Addition
NAME			4.2 NAME	EDWARD ASN	
STREET ADDRESS			4.3 STREET ADDRESS	10230 Atlantic Blvd.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE		☐ DELETE	5.1 TITLE	TREASURER (T) and (D)	☐ Change ☒ Addition
NAME			5.2 NAME	CURTISS S. SHELDON	
STREET ADDRESS			5.3 STREET ADDRESS	1414 HARRINGTON PARK DR.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225-4918	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.