2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90047 037 ****61.25

DOCUMENT # N06297

1. Entity Name
KIWANIS CLUB OF JACKSONVILLE BEACHES, FLORIDA, INC.

Principal Place of Business	Mailing Address
1025 SNUG HARBOR CT ATLANTIC BEACH, FL 32233 US	P.O. BOX 330421 ATLANTIC BEACH, FL 32233

01302004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1494 Blue Heron LN	1494 Blue Heron Lane E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Beach	City & State: Jacksonville Beach
Zip: 32250 Country: DUVAL	Zip: 32250 Country: DUVAL

4. FEI Number: 59-2332110 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NOE, WILLIAM G., JR. 599 ATLANTIC BLVD. SUITE 6 ATLANTIC BEACH, FL 32233	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LONG, SAM D 1154 COVE LANDING ATLANTIC BEACH, FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BORDERS, ED 1494 BLUE HERON LANE E JACKSONVILLE BEACH, FL 32250	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD. RUSS, ALBERT 8118 SABEAL OAK LN. JACKSONVILLE, FL 32256	☒ Delete	TITLE: P.D NAME: John Bates STREET ADDRESS: 120 Crape Myrtle Dr. CITY-ST-ZIP: Ponte Vedra Bch, FL 32250	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edwin L Borders Jr. Treas 1/31/04 904 241 5494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #