


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90268 039 \*\*\*\*61.25

<b>DOCUMENT # N06297</b>			
1. Entity Name <b>KIWANIS CLUB OF JACKSONVILLE BEACHES, FLORIDA, INC.</b>			
Principal Place of Business <b>1494 BLUE HERON LN JACKSONVILLE BEACH, FL 32250 US</b>		Mailing Address <b>1494 BLUE HERON LN JACKSONVILLE BEACH, FL 32250 US</b>	
2. Principal Place of Business <b>12940 PALMETTO GLADE DR.</b>		3. Mailing Address <b>12940 PALMETTO GLADE DR.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Jacksonville, FL.</b>		City & State <b>Jacksonville, FL.</b>	
Zip <b>32246</b>	Country <b>USA</b>	Zip <b>32246</b>	Country <b>USA</b>
4. FEI Number <b>59-2332110</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
8. Name and Address of Current Registered Agent <b>NOE, WILLIAM G., JR. 599 ATLANTIC BLVD. SUITE 6 ATLANTIC BEACH, FL 32233</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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	PD BATES, JOHN 120 CRAPE MYRTLE DR. JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KROUCH, CARL W. 1711 SEA OATS DR. ATLANTIC BEACH, FL 32233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BORDERS, ED 1494 BLUE HERON LANE E JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAFOND, DONALD E. P.O. BOX 331591 ATLANTIC BEACH, FL 32233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MONTGOMERY, William P. 12940 PALMETTO GLADE DR. JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>William P. Montgomery</u>		Date: <u>4/20/2005</u> (904) 221-5521	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	