


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90030 011 ****61.25

DOCUMENT # N06297

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



Principal Place of Business
**12940 PALMETTO GLADE DRIVE
 JACKSONVILLE, FL 32246 US**

Mailing Address
**12940 PALMETTO GLADE DRIVE
 JACKSONVILLE, FL 32246 US**

60000790



2. Principal Place of Business
4043 E. Richmond Pk Dr.

3. Mailing Address
4043 E. Richmond Pk. Dr.

Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32224

Country
DUVAL

Zip
32224

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
	State 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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KROLACH, CARL W.		NAME	LAFOND, DONALD E	
STREET ADDRESS	1711 SEA OATS DRIVE		STREET ADDRESS	PO Box 331591	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAFOND, DONALD E.		NAME	Edward Robinson	
STREET ADDRESS	P.O. BOX 331591		STREET ADDRESS	12996 HUNTLEY MANOR DR.	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTGOMERY, WILLIAM P.		NAME	Marcello Ralph	
STREET ADDRESS	13940 PALMETTO GLADE DRIVE		STREET ADDRESS	4043 E. RICHMOND PK. DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *RT Marcello* **1/10/06** **904-241-1222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #