


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90039 023 \*\*\*\*61.25

<b>DOCUMENT # N06297</b>			
1. Entity Name KIWANIS CLUB OF JACKSONVILLE BEACHES, FLORIDA, INC.			
Principal Place of Business 4043 E RICHMOND PK DR. JACKSONVILLE, FL 32224 US		Mailing Address 4043 E RICHMOND PK DR. JACKSONVILLE, FL 32224 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 50504	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville Beach, FL	
Zip	Country	Zip	Country
		32240-0504	
4. FEI Number 59-2332110		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MERCAELLO, RALPH 4043 RICHMOND PARK DR JACKSONVILLE, FL 32224		Name: <u>Ralph Marcelllo</u> Street Address (P.O. Box Number is Not Acceptable): <u>4043 Richmond Park Dr E</u> City: <u>Jacksonville</u> FL Zip Code: <u>32224</u>	
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: <u>Ralph Marcelllo</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 ROBINSON, EDWARD 12996 HUNTLEY MANOR DR JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete	TITLE	PD Powell, Neil 3124 Antigua Drive Jacksonville Beach, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD POWELL, NEIL 1060 12 ST. NORTH JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete	TITLE	VD Lee, James 808 Third St., Suite C Neptune Beach, FL 32266 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD MARCELLO, RALPH 4043 E. RICHMOND PK. DR. JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Ralph Marcelllo</u>		SIGNATURE: <u>Ralph Marcelllo</u> 2/5/08 904 241-1222	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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