



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N32607 1. Entity Name THE KIWANIS CLUB OF JACKSONVILLE CHARITABLE FOUNDATION, INC.			<div style="text-align: right;"> FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 SEP 19 AM 8:38 </div> <div style="text-align: center; font-size: 2em; font-weight: bold; margin-top: 10px;"> REINSTATEMENT <u>05-06</u> </div> <div style="text-align: center; margin-top: 10px;">  </div>
Principal Place of Business 1130 HOLLY LANE JACKSONVILLE, FL 32207 US		Mailing Address 1130 HOLLY LANE JACKSONVILLE, FL 32207 US	
2. Principal Place of Business 14740 NASSAU SOUND DR. Suite, Apt. #, etc.	3. Mailing Address 14740 NASSAU SOUND DR. Suite, Apt. #, etc.		
City & State JACKSONVILLE, FLA Zip 32226	City & State JACKSONVILLE, FLA Zip 32226	4. FEI Number 59-2951722 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PATTERSON, BOND & LATSHAW 3010 S. 3RD ST. JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$297.50		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 LEFEVRE, RANDE 1130 HOLLY LANE JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SD LEFEVRE RANDE 14740 NASSAU SOUND DR JAX, FL 32226	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD POSTER, DAVID 8880 FREEDOM CROSSING TRL STE 103 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VD JOEL NICHOLS 3830-S WILLIAMS AVE PK BLVD. JAX, FLA 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD MACLENNAN, JOHN P.O. BOX 53315 JACKSONVILLE, FL 32201	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD STEVE ARRINGTON 12036 ROYAL FERN LN. JAX, FLA 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD COLLINS, MICHAEL 4655 SALISBURY RD JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 100079940061 09/19/06--01012--025 **306.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD GULLION, PHILLIP 6004 BOWDENDALE AVE JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VD BRANDON MCCRAY 580 W. 8TH ST. JAX, FLA 32209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD TAPPAN, GLENN PO BOX 41564 JACKSONVILLE, FL 32203	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	
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><i>Rande M. Lefevre</i></u> RANDE M. LEFEVRE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 8/30/06 <small>Daytime Phone #</small>	