

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37391

FILED
Jan 18, 2005
Secretary of State

Entity Name: KIWANIS CLUB OF ST. AUGUSTINE CORPORATION

Current Principal Place of Business:

P.O. BOX 637
ST. AUGUSTINE, FL 320857637

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 637
ST. AUGUSTINE, FL 320857637

New Mailing Address:

FEI Number: 59-3017853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EBERLING, ROBERT CPA
1797 OLD MOULTRIE RD.
SUITE 107
SAINT AUGUSTINE, FL 320844166 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: EBERLING, ROBERT
Address: 437 BIG TREE RD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P () Delete
Name: WALDRON, HARRY
Address: 118 COLON AVE
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: SD () Delete
Name: BURKS, GRETCHEN
Address: 120 STATE RD 312
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D (X) Delete
Name: LUEDERS, LORAN
Address: 3851 N. CROSSROAD
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LUEDERS, LORAN
Address: 3851 N CROSSROAD
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: SD (X) Change () Addition
Name: SCAFF, SUSAN
Address: 5035 C R 208
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A EBERLING

T

01/18/2005

Electronic Signature of Signing Officer or Director

_____ Date