

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

**FILED  
Jan 16, 2008  
Secretary of State**

DOCUMENT# N37391

Entity Name: KIWANIS CLUB OF ST. AUGUSTINE CORPORATION

**Current Principal Place of Business:**

1797 OLD MOULTRIE RD  
107  
ST. AUGUSTINE, FL 320844166

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 637  
ST. AUGUSTINE, FL 320850637

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

Title: PD ( ) Delete  
Name: BLAND, KELLY  
Address: 9260 STATE ROAD 207  
City-St-Zip: HASTINGS, FL 32145

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: GREINER, GREGORY R  
Address: 929 LAKE SANFORD CT  
City-St-Zip: ST 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 exemption stated 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 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

TD

01/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date