FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003576 (6)

1. Corporation Name

KIWANIS CLUB OF GREEN COVE SPRINGS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 1871 GREEN COVE SPRINGS FL 32043	P.O. BOX 1871 GREEN COVE SPRINGS FL 32043

3. Date Incorporated or Qualified: 08/05/1993
3a. Date of Last Report: 07/21/1994
4. FEI Number: 59-3202197 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SUGGS, ROGER A
923 LIVE OAK LANE
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Roger A. Suggs 3-16-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	CROUTHAMEL, TERRY	1.2 NAME	SUGGS, ROGER A	
STREET ADDRESS	3830 SINNECOCK LANE	1.3 STREET ADDRESS	923 LIVE OAK LN.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	1.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	T	2.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	ALLEN, STEVE S	2.2 NAME	THARP CONNIE	
STREET ADDRESS	8618 WYNHURST DR.	2.3 STREET ADDRESS	8220 FOREST COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32244	2.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	D	3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	THARPAN, CONNIE H	3.2 NAME	ZEIGLER, CHARLES	
STREET ADDRESS	8220 FOREST COURT	3.3 STREET ADDRESS	P.O. BOX 902 (N/A)	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	3.4 CITY-ST-ZIP	PENNEY FARMS FL 32079	
TITLE	D	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	SUGGS, ROGER A	4.2 NAME	RENSEL, LARRENE	
STREET ADDRESS	923 LIVE OAK LANE	4.3 STREET ADDRESS	P.O. BOX 969 (N/A)	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	4.4 CITY-ST-ZIP	PENNEY FARMS FL 32079	
TITLE	D/V	5.1 TITLE	D/V	☒ Change ☐ Addition
NAME	WEBB, CHARLES H	5.2 NAME	WEBB, CHARLES H	
STREET ADDRESS	4639 TREVI DR.	5.3 STREET ADDRESS	4639 TREVI DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32092	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE		6.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		6.2 NAME	DAVIS, TERRANCE	
STREET ADDRESS		6.3 STREET ADDRESS	P.O. BOX 606 (N/A)	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roger A. Suggs Roger A. Suggs 3-16-95 (904) 284-6305
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #