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May 02 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000003576 (6)

1. Corporation Name

KIWANIS CLUB OF GREEN COVE SPRINGS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1871
GREEN COVE SPRINGS FL 32043

P.O. BOX 1871
GREEN COVE SPRINGS FL 32043-1871

3. Date Incorporated or Qualified
08/05/1993

3a. Date of Last Report
02/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Tharp, Connie H

82 Street Address (P.O. Box Number is Not Acceptable)

3024 Santee Pl

83

84 City

Jax

FL

85 Zip Code

32259

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Connie H Tharp

Connie H Tharp

2/18/97

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME THARP, CONNIE
STREET ADDRESS 8220 FOREST CT
CITY-ST-ZIP ST AUGUSTINE FL

TITLE ☒ DELETE

NAME CHORD, SANDRA
STREET ADDRESS 227 SATURN LANE NORTH
CITY-ST-ZIP ORANGE PARK FL

TITLE ☒ DELETE

NAME CARTER, MARY ELLEN
STREET ADDRESS 301 EDINBURGH LANE
CITY-ST-ZIP ORANGE PARK FL

TITLE ☒ DELETE

NAME SUGGS, ROGER A
STREET ADDRESS 923 LIVE OAK LANE
CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE ☒ DELETE

NAME WEBB, CHARLES H
STREET ADDRESS 4839 TREVI DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change ☒ Addition ☐

3024 Santee Pl

Jax FL 32259

(Board)

Change ☐ Addition ☐

Shannon R. Thomas

P.O. Box 578

Green Cove Spgs FL 32043

Change ☐ Addition ☒

Treas. John Handell

P.O. Box 978

Penny Farms FL 32079

Change ☒ Addition ☐

past Pres.

Change ☐ Addition ☐

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE REQUIRED

Connie H Tharp

2/18/97

904-269-6346

CR2E037 (9/96)