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Feb 12 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

08/05/1993

4. FEI Number

59-3202197

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THARP, CONNIE H  
3024 SANTEE PLACE  
JACKSONVILLE FL 32259

81 Name

KLISEN, WARREN

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

4235 Studio Road

83

84

City Penny Farms

FL

85

Zip Code 32079

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME THARP, CONNIE  
STREET ADDRESS 3024 SANTEE PLACE  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE D  
NAME THOMS, SHANNON R  
STREET ADDRESS P.O. BOX 578 N/A  
CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE T  
NAME HENSHELL, JOHN  
STREET ADDRESS P.O. BOX 978  
CITY-ST-ZIP PENNY FARMS FL

TITLE P  
NAME WEBB, CHARLES H  
STREET ADDRESS 4639 TREVI DR.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE PD  
1.2 NAME KLYSEN, WARREN  
1.3 STREET ADDRESS 4235 Studio Road  
1.4 CITY-ST-ZIP Penny Farms, FL 32079

2.1 TITLE PD  
2.2 NAME THOMAS, SHANNON  
2.3 STREET ADDRESS 325 NW BERA AVENUE  
2.4 CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

3.1 TITLE Y D  
3.2 NAME SMYRES, BOB  
3.3 STREET ADDRESS PO BOX 936 N/A  
3.4 CITY-ST-ZIP PENNEY FARMS, FL 32079

4.1 TITLE T  
4.2 NAME ROWELL, LANCRESS  
4.3 STREET ADDRESS 611 COVE STREET  
4.4 CITY-ST-ZIP GREEN COVE SPGS, FL 32043

5.1 TITLE D  
5.2 NAME Yeager, Danny  
5.3 STREET ADDRESS P.O. Box 998 n/a  
5.4 CITY-ST-ZIP Middleburg, FL 32050

6.1 TITLE D  
6.2 NAME Susanne Caldwell  
6.3 STREET ADDRESS 5061 Margaret Street  
6.4 CITY-ST-ZIP Orange Park FL 32065

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Jan 7 1998

(904) 529 9534

CP2E037 (10/97)