

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 27, 1999 8:00 am
Secretary of State

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DOCUMENT # 771181

1. Corporation Name

GEORGIA TECH CLUB OF JACKSONVILLE, INC.

Principal Place of Business
P. O. BOX 144
JACKSONVILLE FL 32201-7144

Mailing Address
P. O. BOX 144
JACKSONVILLE FL 32201-7144



| | | |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 11/10/1983 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2605483 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | Zip 29 | Country 30 |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| MORGAN, PAYNE 20 VILLAGE WALK PONTE VEDRA FL 32403 | 81 Name |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 |
| | 84 City FL 85 Zip Code |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRAVIS, FORREST | 1.2 NAME | Jenny Conway |
| STREET ADDRESS | 20 VILLAGE WALK | 1.3 STREET ADDRESS | 12744 Haught Road |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32043 | 1.4 CITY-ST-ZIP | Jacksonville, FL 32223 |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONWAY, JENNY | 2.2 NAME | John Bowers |
| STREET ADDRESS | 12744 HAUGHT ROAD | 2.3 STREET ADDRESS | 1107 First Street South, Unit - J |
| CITY-ST-ZIP | JACKSONVILLE FL 32223 | 2.4 CITY-ST-ZIP | Jacksonville Beach, FL 32250 |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOWERS, JOHN | 3.2 NAME | Gregory Sutton |
| STREET ADDRESS | 1107 FIRST STREET SOUTH UNIT-J | 3.3 STREET ADDRESS | 7443 Countryman Ln |
| CITY-ST-ZIP | JACKSONVILLE BEACH FL 32250 | 3.4 CITY-ST-ZIP | JAX, FL 32244 |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STOWELL, BETH | 4.2 NAME | |
| STREET ADDRESS | 11823 COASTAL LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRES Sutton 5/25/99 904 711 8978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)