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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 8:17

DOCUMENT # 771181 (5)

1. Corporation Name

GEORGIA TECH CLUB OF JACKSONVILLE, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1983
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2605483 ☐ 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

MERRITT, DON
1877 OSPREY BLUFF
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name: Randolph, James E. Jr
82 Street Address (P.O. Box Number is Not Acceptable): 582 Saratoga Street
83
84 City: Orange Park FL 85 Zip Code: 32073

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: James E. Randolph Jr PRESIDENT 5/21/95
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	PD	1.1 TITLE	President	☒ Change ☐ Addition
NAME	MERRITT, DON	1.2 NAME	Randolph, Jim D	
STREET ADDRESS	1877 OSPREY BLUFF	1.3 STREET ADDRESS	582 Saratoga St	
CITY-ST-ZIP	ORANGE PK FL	1.4 CITY-ST-ZIP	Orange Park FL 32073	
TITLE	VPD	2.1 TITLE	VP President Elect	☒ Change ☐ Addition
NAME	GOWEN, BILL	2.2 NAME	Hanke, Laura D	
STREET ADDRESS	9138 AGINCOURT LANE	2.3 STREET ADDRESS	223 Margaret St	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Neptune Beach FL 32266	
TITLE	TD	3.1 TITLE	VP President Elect	☒ Change ☐ Addition
NAME	HANKE, LAURA	3.2 NAME	Grogan, Peter D	
STREET ADDRESS	223 MARGARET ST	3.3 STREET ADDRESS	3738 Phillips Hwy #17	
CITY-ST-ZIP	NEPTUNE BCH FL	3.4 CITY-ST-ZIP	Jacksonville FL 32207	
TITLE	SD	4.1 TITLE	secretary	☒ Change ☐ Addition
NAME	STOWELL, BETH	4.2 NAME	Beth Stowell D	
STREET ADDRESS	11823 COASTAL LANE	4.3 STREET ADDRESS	11823 Coastal Lane	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville FL 32258	
TITLE	D	5.1 TITLE	Treasurer	☑ Change ☐ Addition
NAME	RANDOLF, JIM	5.2 NAME	Rouse, Geselle D	
STREET ADDRESS	582 SARATOGA ST	5.3 STREET ADDRESS	4920 Brierwood Rd	
CITY-ST-ZIP	ORANGE PARK FL	5.4 CITY-ST-ZIP	Jacksonville FL 32257	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Geselle Rouse Geselle Rouse 4/12/95 904 7338996
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0024732