

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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JACKSONVILLE FL 32201-7144

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 16 AM 10:19



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

24

25

29

30

3. Date Incorporated or Qualified

11/10/1983

3a. Date of Last Report

05/30/1995

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

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

RANDOLPH, JAMES E JR
582 SARATOGA ST
ORANGE PARK FL 32073

81 Name

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

83 2794 Riverwood Lane

84 City

Jacksonville

FL

85 7in Code
32207

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

Peter E. Grogan, President

6/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RANDOLPH, JIM
STREET ADDRESS 582 SARATOGA ST
CITY-ST-ZIP ORANGE PARK FL
☒ DELETE

TITLE VPD
NAME HANKE, LAURA
STREET ADDRESS 223 MARGARET ST
CITY-ST-ZIP NEPTUNE BEACH FL
☒ DELETE

TITLE PD
NAME GROGAN, PETER
STREET ADDRESS 3728 PHILLIPS HWY 17
CITY-ST-ZIP JACKSONVILLE FL
☒ DELETE

TITLE ~~SECRETARY~~
NAME STOWELL, BETH
STREET ADDRESS 11823 COASTAL LANE
CITY-ST-ZIP JACKSONVILLE FL
☐ DELETE

TITLE T
NAME ROUSE, GESELLE
STREET ADDRESS 4720 BRIERWOOD RD
CITY-ST-ZIP JACKSONVILLE FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

1. TITLE President
2. NAME Morgan Payne
3. STREET ADDRESS 20 Village Walk
4. CITY-ST-ZIP Ponte Vedra Beach 32082
☐ Change ☒ Addition

2. TITLE VICE PRESIDENT
3. NAME MATT WELCH
4. STREET ADDRESS 1491 BRIDGETTE WAY
5. CITY-ST-ZIP GREEN COVE SPRINGS, FL. 32043
☐ Change ☒ Addition

3. TITLE TREASURER
4. NAME ALLEN RUSSELL
5. STREET ADDRESS 1011 LARKSPUR LOOP
6. CITY-ST-ZIP JACKSONVILLE, FL. 32259
☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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)(k), 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:

Peter E. Grogan 6/24/96 9043961717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001539

CR2E037 (3/96)