


FILE NOW: FILING FEE IS \$61.25

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Sep 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **771181** (5)

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
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3. Date Incorporated or Qualified 11/10/1983	
4. FEI Number 59-2605483	Applied For <input type="checkbox"/> Not Applicable

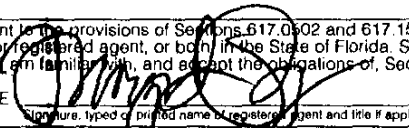
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent GROGAN, PETER E 2784 RIVERWOOD LANE JACKSONVILLE FL 32207

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

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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	PAYNE, MORGAN
STREET ADDRESS	20 VILLAGE WALK
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32043
TITLE	VD <input type="checkbox"/> DELETE
NAME	WELCH, MATT
STREET ADDRESS	1491 BRIDGETTE WAY
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
TITLE	TD <input type="checkbox"/> DELETE
NAME	RUSSELL, ALLEN
STREET ADDRESS	1011 LARKSPUR LOOP
CITY-ST-ZIP	JACKSONVILLE FL 32259
TITLE	SD <input type="checkbox"/> DELETE
NAME	STOWELL, BETH
STREET ADDRESS	11823 COASTAL LANE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Forrest Travis
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	JACKSONVILLE FL
2.1 TITLE	VICE PRESIDENT DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JENNY CONWAY
2.3 STREET ADDRESS	1244 Haught Road
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223
3.1 TITLE	TREASURER DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BOWERS, JOHN
3.3 STREET ADDRESS	1107 First Street, South Unit J
3.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002639058
6.3 STREET ADDRESS	-09/14/98--01146--001
6.4 CITY-ST-ZIP	***\$1.25

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.

SIGNATURE: 

CR2E037 (10/97)