

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

05-27-1999 90010 016 ****61.25

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

11/10/1983

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

9. Name and Address of Current Registered Agent

MORGAN, PAYNE
20 VILLAGE WALK
PONTE VEDRA FL 32403

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **TRAVIS, FORREST**
STREET ADDRESS **20 VILLAGE WALK**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32043**

TITLE **VD** ☐ DELETE
NAME **CONWAY, JENNY**
STREET ADDRESS **12744 HAUGHT ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **TD** ☐ DELETE
NAME **BOWERS, JOHN**
STREET ADDRESS **1107 FIRST STREET SOUTH UNIT-J**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Jenny Conway**
1.3 STREET ADDRESS **12744 Haught Road**
1.4 CITY-ST-ZIP **Jacksonville, FL 32223**

2.1 TITLE **Vice President** ☒ Change ☐ Addition
2.2 NAME **John Bowers**
2.3 STREET ADDRESS **1107 First Street South, Unit-J**
2.4 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

3.1 TITLE **Treasurer** ☒ Change ☐ Addition
3.2 NAME **Gregory Sutton**
3.3 STREET ADDRESS **7443 Countryman Ln**
3.4 CITY-ST-ZIP **JAX, FL 32244**

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/99
Date

904 711 8978
Daytime Phone #

CR2E037 (1/98)

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