

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 28 PM 1:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # NO9937 (6)

1. Corporation Name
GREATER JACKSONVILLE COIN CLUB, INC.

Principal Place of Business Mailing Address
P. O. BOX 16863 JACKSONVILLE FL 32245 US
P. O. BOX 16863 JACKSONVILLE FL 32245 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/14/1985** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2744533** 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 **FILING FEE IS \$61.25**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**BRADEN, DEBORAH
1200 SHETTER AVE.
LOT 23
JACKSONVILLE BCH. FL 32250**

10. Name and Address of Now 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RILEY, DOUG
STREET ADDRESS	8428 DUSKIN CT.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	V
NAME	SOUDER, TERRY
STREET ADDRESS	9536 PRINCETON SQ. BLVD., #204
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	S
NAME	TROUT, MARK L
STREET ADDRESS	7047 ALPINE ST
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	T
NAME	BRADEN, DEBORAH
STREET ADDRESS	1200 SHETTER AVE., LOT 23
CITY - ST - ZIP	JACKSONVILLE BCH. FL
TITLE	D
NAME	LACOMB, PETER
STREET ADDRESS	2600 ART MUSEUM DR., #101
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	RODRIGUEZ, BILL
STREET ADDRESS	2270 W LAUREL GROVE LN
CITY - ST - ZIP	ORANGE PARK FL

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	32216
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VICE-PRESIDENT
23 STREET ADDRESS	MIKE ALLEN
24 CITY - ST - ZIP	9412 JONES RD
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SECRETARY
33 STREET ADDRESS	ROBERT LEVAN
34 CITY - ST - ZIP	2036 HUNTSFORD RD
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	32250
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	32073

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 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* **DOUGLAS RILEY - PRESIDENT** 7/07/95 904-464-4190
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)

CR2E037 (3/95)