

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N09937** (6)

1. Corporation Name

**GREATER JACKSONVILLE COIN CLUB, INC.**



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
P. O. BOX 16863 JACKSONVILLE FL 32245 US		P. O. BOX 16863 JACKSONVILLE FL 32245 US		06/14/1985	07/28/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-2744533	Not Applicable		
Suite, Apt #, etc	Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22	27	<input checked="" type="checkbox"/>			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23	28	<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	25	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRADEN, DEBORAH 1200 SHETTER AVE. LOT 23 JACKSONVILLE BCH. FL 32250				81 Name	RODRIGUEZ, BILL		
				82 Street Address (P.O. Box Number is Not Acceptable)	2276 W LAUREL GROVE LN		
				83			
				84 City	ORANGE PARK	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN YEAR	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RILEY, DOUG	1.2 NAME	
STREET ADDRESS	8428 DUSKIN CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, MIKE	2.2 NAME	TERRY SOUDER
STREET ADDRESS	9412 JONES RD.	2.3 STREET ADDRESS	9645 BAYMEADOWS RD # 706
CITY-ST-ZIP	JAX FL	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVAN, ROBERT	3.2 NAME	
STREET ADDRESS	2036 HUNTSFORD RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADEN, DEBORAH	4.2 NAME	COUETTA LEVAN
STREET ADDRESS	1200 SHETTER AVE., LOT 23	4.3 STREET ADDRESS	2036 HUNTSFORD ROAD
CITY-ST-ZIP	JACKSONVILLE BCH. FL	4.4 CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	LACOMB, PETER	5.2 NAME	
STREET ADDRESS	2600 ART MUSEUM DR., #191	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, BILL	6.2 NAME	
STREET ADDRESS	2276 W LAUREL GROVE LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	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)(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: \_\_\_\_\_ DATE: 7/21/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DOUGLAS RILEY, DIRECTOR DATE OF FILING: 904-464-6886

CR2E037 (12/95)