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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N09937 (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 32245-6863 US

3. Date Incorporated or Qualified 06/14/1985
3a. Date of Last Report 02/07/1996

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2744533	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

RODRIGUEZ, BILL
2276 W LAUREL GROVE LANE
ORANGE PARK FL 32073

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D RILEY, DOUG 8428 DUSKIN CT. JACKSONVILLE FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ZIP 32216
TITLE	P SOUDER, TERRY 9645 BAYMEADOWS ROAD 706 JACKSONVILLE FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Prout, Mark
STREET ADDRESS		2.3 STREET ADDRESS	384 Raleigh Rd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville FL 32225
TITLE	VP LEVAN, ROBERT 2036 HUNTSFORD RD. JACKSONVILLE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S LEVAN, COUETTA 2036 HUNTSFORD ROAD JACKSONVILLE FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SOUDER TERRY
STREET ADDRESS		4.3 STREET ADDRESS	9645 BAYMEADOWS ROAD #706
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32251
TITLE	D LACOMB, PETER 2000 ART MUSEUM DR., #191 JACKSONVILLE FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	3009 WALTON ST. #4
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	T RODRIGUEZ, BILL 2276 W LAUREL GROVE LN ORANGE PARK FL	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ZIP 32073

14. I do 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: _____ DATE: 4/29/97 904-264-8375

CR2E037 (9/96)