

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

**FILED**

**Feb 02 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N09937 (6)**

1. Corporation Name  
**GREATER JACKSONVILLE COIN CLUB, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>P. O. BOX 16863<br>JACKSONVILLE FL 32245<br>US | Mailing Address<br>P. O. BOX 16863<br>JACKSONVILLE FL 32245<br>US |
|---|---|

|  |   |   |
|--|---|---|
| 3. Date Incorporated or Qualified<br><b>06/14/1985</b>   |   |   |
| 4. FEI Number<br><b>59-2744533</b>   | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required   |   |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees      |   |
| 7. Is this nonprofit corporation a homeowners association?<br><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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |   |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

9. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | D <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input 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                                       | <b>32256</b>   |
| TITLE                      | P <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | TROUT, MARK                                  | 2.2 NAME  |  |
| STREET ADDRESS             | 384 RALEIGH RD.                              | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | JACKSONVILLE FL                              | 2.4 CITY-ST-ZIP                                       | <b>32225</b>   |
| TITLE                      | VP <input type="checkbox"/> DELETE           | 3.1 TITLE   | <input 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                      | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | SOUDER, TERRY                                | 4.2 NAME  | <b>BATLES, WILLIAM H.</b>  |
| STREET ADDRESS             | 9645 BAYMEADOWS RD., #706                    | 4.3 STREET ADDRESS                                    | <b>1154 MAYNARD ST.</b>  |
| CITY-ST-ZIP                | JACKSONVILLE FL                              | 4.4 CITY-ST-ZIP                                       | <b>JACKSONVILLE, FL 32208</b>  |
| TITLE                      | D <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | LACOMB, PETER                                | 5.2 NAME  |  |
| STREET ADDRESS             | 3009 WALTON ST., #4                          | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | JACKSONVILLE FL                              | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | T <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" 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                                       | <b>32073</b>   |

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: \_\_\_\_\_ DATE: **1/14/98** FILING NO: **904764-3375**

CR2E037 (10/97)