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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N09937

(6)

FILED
Feb 02 1998 8:00am
Secretary of State
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GILAI	ER JACKSONVILLE COIN	I CLOB, INC.				
Principal Place	e of Business	Mailing Address				1014 BIOLI 9505 GIBN BIOLI IOO
P. O. BOX 1688	63	P. O. BOX 16863			2. Data Incorporated or Ouglified	
<b>JACKSONVILLE</b>		JACKSONVILLE FL 3224	5		3. Date Incorporated or Qualified 06/14/1985	
US		US			4. FEI Number	Applied For
					59-2744533	Not Applicable
2. Principal Pl	ace of Business	2a. Mailing Address			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State	9	City & State	,		7. Is this nonprofit corporation a homeowne	
23		28	<del></del>		<del></del>	□No
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the cu	
24	9. Name and Address of Curr	29 29 Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
	g, Name and Address of Can	ent negistered Agent	81	Name	10. Name and Address of New Registered	Agent
ומומחחמ	UÉZ, BILL					
	LAUREL GROVE LANE		82	2 Street A	ddress (P.O. Box Number is Not Acceptable)	,
	E PARK FL 32073		83	3	-	
01841406	1 74 14 1 E 02010					
			84	1 City	FI	85 Zip Code
		E00 and 617 1500 Florida Stat	tutes, the abov	re-named c	corporation submits this statement for the purpose of	of changing its registered
11. Pursuant t	o the provisions of Sections 617.0	302 and 617, 1306, Florida Stat				
11. Pursuant to	o the provisions of Sections 617.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida, Such change wa ligations of Section 617.0503.	s authorized b	y the corpo	pration's board of directors, I hereby accept the ap-	pointment as registered
	o the provisions of Sections 617.0 egistered agent, or both, in the Sta in familiar with, and accept the obl	ate of Florida. Such change wa ligations of, Section 617.0503,	s authorized b Florida Statute	by the corposes.	corporation submits this statement for the purpose of oration's board of directors, I hereby accept the applications	pointment as registered
SIGNATURE _	Signature, typed or printed name of registered	agent and little if applicable. (N	IÔTÉ: Registered Ag		equired when reinstating) DATE	· · · · · ·
SIGNATURE	Signature, typed or printed name of registered OFFICERS A	agent and little If applicable. (N	OTE: Registered Ar	gent signature re	,	D DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS A	agent and little if applicable. (N	1.1 TITLE	gent signature re	equired when reinstating) DATE	· · · · · ·
SIGNATURE	Signature, typed or printed name of registered OFFICERS A D RILEY, DOUG	agent and little If applicable. (N	OTÉ: Registered Ap 13. 1.1 TITLE 1.2 NAME	gent signature re	equired when reinstating) DATE	D DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS A D RILEY, DOUG 8428 DUSKIN CT.	agent and little If applicable. (N	13. 1.1 TITLE 1.2 NAME	gent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
SIGNATURE	Signature, typed or printed name of registered OFFICERS A D RILEY, DOUG 8428 DUSKIN CT. JACKSONVILLE FL	egent and little if applicable. (NAND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	gent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
SIGNATURE	Signature, typed or printed name of registered OFFICERS A D RILEY, DOUG 8428 DUSKIN CT. JACKSONVILLE FL	agent and little If applicable. (N	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE	ent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
SIGNATURE	Signature, typed or printed name of registered OFFICERS AD RILEY, DOUG 8428 DUSKIN CT. JACKSONVILLE FL P TROUT, MARK	egent and little if applicable. (NAND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	gent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
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indicated on this arinual 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 a officer or director of the corporation or the receiver of 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.