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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09937

1. Corporation Name
GREATER JACKSONVILLE COIN CLUB, INC.

Principal Place of Business P. O. BOX 16863 JACKSONVILLE FL 32245 US	Mailing Address P. O. BOX 16863 JACKSONVILLE FL 32245 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/14/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2744533
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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: *William J. Rodriguez* DATE: **2/2/99**

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 <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT (VP) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, DOUG	1.2 NAME	
STREET ADDRESS	8428 DUSKIN CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROUT, MARK	2.2 NAME	JUDY CWALINA
STREET ADDRESS	384 RALEIGH RD.	2.3 STREET ADDRESS	11928 BLUE SPRUCE COURT
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT (P) <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	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTLES, WILLIAM H	4.2 NAME	
STREET ADDRESS	1154 MAYNARD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	4.4 CITY-ST-ZIP	
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 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 32073	6.4 CITY-ST-ZIP	

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 with all other like empowered.

SIGNATURE: *William J. Rodriguez* SIGNATURE REQUIRED: **WILLIAM J. RODRIGUEZ** 904-264-3375

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)