

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N09937

1. Entity Name
GREATER JACKSONVILLE COIN CLUB, INC.



Principal Place of Business
PO BOX 48322
JACKSONVILLE, FL 32247 US

Mailing Address
PO BOX 48322
JACKSONVILLE, FL 32247 US



07132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2744533

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, BILL
4769 GODWIN AVE.
JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WELLS, RAY
STREET ADDRESS	MOSS POINTE TRAIL EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	S
NAME	LAMPHEAR, ROBERT
STREET ADDRESS	501 VIKING LANE
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	D
NAME	LEVAN, ROBERT
STREET ADDRESS	865 SOUTH SHORE RD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	HAMEL, DICK
STREET ADDRESS	5647 FARGO DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	LACOMB, PETER
STREET ADDRESS	3009 WALTON ST., #4
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	T
NAME	RODRIGUEZ, BILL
STREET ADDRESS	P.O. BOX 7112
CITY-ST-ZIP	ORANGE PARK, FL 32073

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07/15/04-80011-015 61.25

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

7/13/2004 904-772-1608