


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90093 016 ****61.25

DOCUMENT # N09937

1. Entity Name
GREATER JACKSONVILLE COIN CLUB, INC.



Principal Place of Business Mailing Address
PO BOX 48322 PO BOX 48322
JACKSONVILLE FL 32247 JACKSONVILLE FL 32247
US US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-2744533 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

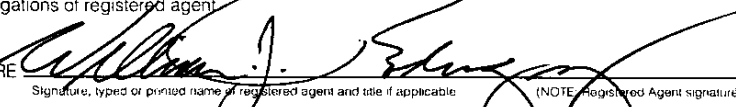
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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  TREASURER 1/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	WELLS, RAY
STREET ADDRESS	MOSS POINTE TRAIL EAST
CITY-ST-ZIP	JACKSONVILLE FL 32244
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	LAMPHEAR, ROBERT
STREET ADDRESS	501 VIKING LANE
CITY-ST-ZIP	ATLANTIC BEACH FL 32233
TITLE	P <input type="checkbox"/> Delete
NAME	LEVAN, ROBERT
STREET ADDRESS	865 SOUTH SHORE RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	LACOMB, PETER
STREET ADDRESS	3009 WALTON ST., #4
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	T <input type="checkbox"/> Delete
NAME	RODRIGUEZ, BILL
STREET ADDRESS	P.O. BOX 7112
CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN COHN
STREET ADDRESS	1546 GEMINI COURT
CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	THOMAS H. BOBBITT
CITY-ST-ZIP	4069 MARIAHNA ROAD JACKSONVILLE, FL 32217

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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  1/24/06 904-772-1608