

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# N09937

Entity Name: GREATER JACKSONVILLE COIN CLUB, INC.

Current Principal Place of Business:

PO BOX 48322
JACKSONVILLE, FL 32247 US

New Principal Place of Business:

1725 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207 US

Current Mailing Address:

PO BOX 48322
JACKSONVILLE, FL 32247 US

New Mailing Address:

FEI Number: 59-2744533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, BILL
4769 GODWIN AVE.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

RODRIGUEZ, WILLIAM J
5513 ROOSEVELT BLVD
#101
JACKSONVILLE, FL 32244 US

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.

SIGNATURE: WILLIAM J. RODRIGUEZ

01/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ADAIR, BRENDA
Address: P.O. BOX 19037
City-St-Zip: JACKSONVILLE, FL 322459037

Title: S () Delete
Name: COHN, STEVEN
Address: 1546 GEMINI CT
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: LEVAN, ROBERT
Address: 865 SOUTH SHORE RD
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: LACOMB, PETER
Address: 3009 WALTON ST., #4
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: RODRIGUEZ, WILLIAM J
Address: 5513 ROOSEVELT BLVD #101
City-St-Zip: JACKSONVILLE, FL 32244

Title: P () Delete
Name: BOBBITT, THOMAS H
Address: 4069 MARIANNA RD
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ADAIR, BRENDA
Address: 2947 ALONSO ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Change () Addition
Name: BUCHS, RICHARD
Address: 1153 EXECUTIVE COVE DR.
City-St-Zip: FRUIT COVE, FL 32259

Title: D (X) Change () Addition
Name: LEVAN, ROBERT
Address: 865 SOUTH SHORE RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change () Addition
Name: LACOMB, PETER
Address: 3009 WALTON ST., #4
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. RODRIGUEZ

T

01/18/2009

Electronic Signature of Signing Officer or Director

Date