

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09937

**FILED**  
**Jan 19, 2014**  
**Secretary of State**  
**CC2414285391**

**Entity Name:** GREATER JACKSONVILLE COIN CLUB, INC.

**Current Principal Place of Business:**

1725 ART MUSEUM DRIVE  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

PO BOX 48322  
JACKSONVILLE, FL 32247 US

**FEI Number:** 59-2744533

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LACOMB, PETER T.  
3012 WALTON ST  
JACKSONVILLE, FL 32207 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:** PETER T. LACOMB

01/19/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BOBBITT, THOMAS  
Address 4069 MARIANNA RD.  
City-State-Zip: JACKSONVILLE FL 32217

Title D  
Name LEVAN, ROBERT  
Address 865 SOUTH SHORE RD  
City-State-Zip: JACKSONVILLE FL 32207

Title D  
Name GUIDO, JOHN  
Address 4627 ARTHUR DURHAM DRIVE  
City-State-Zip: JACKSONVILLE FL 32210

Title MEMBERSHIP DIRECTOR  
Name BOBBITT, BARBARA  
Address 4069 MARIANNA RD.  
City-State-Zip: JACKSONVILLE FL 32217

Title TREASUER  
Name LACOMB, PETER T  
Address 3012 WALTON ST.  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby 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 all other like empowered.*

**SIGNATURE:** PETER T. LACOMB

TREASUER

01/19/2014

Electronic Signature of Signing Officer/Director Detail

Date