

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09937

**FILED**  
**Apr 17, 2018**  
**Secretary of State**  
**CC3835308001**

**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:**

BAISDEN, WILLIAM THOMAS  
4319 BLUE HERON DR  
PONTE VEDRA BEACH, FL 32082 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 THOMAS BAISDEN**

**04/17/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LA COMB, PETE  
Address 3012 WALTON STREET  
City-State-Zip: JACKSONVILLE FL 32207

Title D  
Name MICHAEL, KEHRT  
Address 3757 SOUTHBANK CIRCLE  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title D  
Name NEARON, CLAUDE  
Address 6547 STILLWATER COURT  
City-State-Zip: JACKSONVILLE FL 32217

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

Title TREASUER  
Name BAISDEN, WILLIAM THOMAS  
Address PO BOX 48322  
City-State-Zip: JACKSONVILLE FL 32247

*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: WILLIAM THOMAS BAISDEN**

**TREASUER**

**04/17/2018**

Electronic Signature of Signing Officer/Director Detail

Date