## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 707211** 

FILED Feb 23, 2009 Secretary of State

Entity Name: CANAVERAL MINERAL AND GEM SOCIETY INC

**Current Principal Place of Business: New Principal Place of Business:** FRONT STREET CIVIC CENTER CITY OF MELBOURNE 900 E STRAWBRIDGE AVE MELBOURNE, FL 32901 **New Mailing Address: Current Mailing Address:** MINERAL & GEM SOCIETY P O BOX 1597 MELBOURNE, FL 32901 US FEI Number: 59-2289133 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLINS, FRANCES P 301 POINSETTA ST INDIALANTIC, FL 32903 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition ALMASI, JOHN MCLAMB, DON Name: Name: 14 VIDA WAY Address: 570 SEABREEZE DR Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: INDIALANTIC, FL 32903 Title: V/D Title: V/D (X) Change ( ) Addition ( ) Delete BRITTON, RON Name: DRAGON, KELLEY Name: Address: 480 BOONE AVE Address: P.O. BOX 276 City-St-Zip: WEST MELBOURNE, FL 32904 City-St-Zip: GRANT, FL 32949 Title: () Delete Title: () Change () Addition COLLINS, FRANCES P Name: Name: Address: 301 POINSETTA ST Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: (X) Change ( ) Addition Title: SD ( ) Delete Title: SD Name: WAYMENT, LESLIE Name: DENABURG, C.R. (BOB) 140 WINDWARD WAY Address: 262 DELMONTE RD Address: City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: INDIAN HARBOR BCH., FL 32937 Title: () Delete Title: EDUC ( ) Change (X) Addition DEERE, ROY Name: Name: Address: Address: 7041 RODES PL City-St-Zip: City-St-Zip: W. MELBOURNE, FL 32904

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: FRANCES P. COLLINS TD 02/23/2009