

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710183 (5)

1. Corporation Name

GEM AND MINERAL SOCIETY OF THE PALM BEACHES, IN
C.



Principal Place of Business

4801 DREHER TRAIL NORTH
P.O. BOX 3041
WEST PALM BEACH FL 33402

Mailing Address

4801 DREHER TRAIL NORTH
P.O. BOX 3041
WEST PALM BEACH FL 33402

3. Date Incorporated or Qualified
01/10/1966

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
59-6196330

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAUSS, TED
345 CAVALIER RD
PALM SPRINGS, FL
33461

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CHELM, ED ☒ DELETE
STREET ADDRESS GOLFS EDGE, 1F
CITY-ST-ZIP WEST PALM BCH. FL

TITLE PD
NAME SHONKWILER, HAROLD ☐ DELETE
STREET ADDRESS 1620 OSBORNE CIRCLE
CITY-ST-ZIP LAKE WORTH FL

TITLE VD
NAME CHENOWETH, DONALD ☐ DELETE
STREET ADDRESS 1495-B LAKE CRYSTAL DR.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VD
NAME JULIANO, ANGELA ☐ DELETE
STREET ADDRESS 9870-B ORCHID TREE TRL
CITY-ST-ZIP BOYNTON BEACH FL

TITLE SD
NAME CHELM, LEAH ☒ DELETE
STREET ADDRESS GOLFS EDGE - 1F
CITY-ST-ZIP WEST PALM BEACH FL

TITLE TD
NAME KOPLIN, THERESA ☒ DELETE
STREET ADDRESS 712 48 ST
CITY-ST-ZIP WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD
1.2 NAME YAHIA MUSA ☐ Change ☒ Addition
1.3 STREET ADDRESS 1218-D SHIBUMY CIRCLE
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33414

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE PD ☒ Change ☐ Addition
3.2 NAME DONALD CHENOWETH SR
3.3 STREET ADDRESS 6364 Birch Lane
3.4 CITY-ST-ZIP Lantana, FL 33462

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE SD ☐ Change ☒ Addition
5.2 NAME NANCY SHONKWILER
5.3 STREET ADDRESS 1620 OSBORNE CIRCLE
5.4 CITY-ST-ZIP LAKE WORTH, FL 33461

6.1 TITLE TD ☐ Change ☒ Addition
6.2 NAME LINDA M. URSILLO
6.3 STREET ADDRESS 1240 NW 22 Ave.
6.4 CITY-ST-ZIP Delray Beach, FL 33445

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda M Ursillo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 28 1996 407-659-2834
Date Daytime Phone

CR2E037 (12/95)