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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
P.O. BOX 18095 ~~P.O. BOX 8841~~ WEST PALM BEACH FL 33416 US	P.O. BOX 18095 ~~P.O. BOX 8841~~ WEST PALM BEACH FL 33416 US

3. Date Incorporated or Qualified: 01/10/1966

4. FEI Number: 59-6196330 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAUSS, TED 345 CAVALIER RD PALM SPRINGS, FL 33461	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STAMPER, MARY ANN		1.2 NAME		
STREET ADDRESS	3716 S. 57TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN ACRES FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHELM, EDWARD		2.2 NAME		
STREET ADDRESS	GOLFS EDGE., #1-F		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHENOWETH, DONALD S		3.2 NAME		
STREET ADDRESS	6364 BIRCH LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JULIANO, ANGELA		4.2 NAME		
STREET ADDRESS	9870-B ORCHID TREE TRL		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHONKWILER, NANCY		5.2 NAME		
STREET ADDRESS	1620 OSBORNE CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	URSILLO, LINDA M		6.2 NAME		
STREET ADDRESS	1240 NW 22ND AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 LINDA M URSILLO 2/2/98 (561)272-2325