

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90013 039 ****70.00

DOCUMENT # 710183 1. Entity Name GEM AND MINERAL SOCIETY OF THE PALM BEACHES, INC.					
Principal Place of Business P.O. BOX 18095 WEST PALM BEACH, FL 33416 US			Mailing Address P.O. BOX 18095 WEST PALM BEACH, FL 33416 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent FLOYD, ELLEN 8646 RODOE DR LAKE WORTH, FL 33467					
7. Name and Address of New Registered Agent Name: BENGTSON, CARL Street Address (P.O. Box Number is Not Acceptable): 2546 PALM ROAD City: WEST PALM BEACH FL Zip Code: 33406					
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Carl Bengtson</i></u> Carl Bengtson <u>2-16-06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution: ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD BENGTSON, CARL W ☒ Delete 2546 PALM ROAD WEST PALM BEACH, FL 33406				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD KOCH, CHRISTIAN ☐ Delete 6066 FOREST HILL BLVD APT 107 WEST PALM BEACH, FL 33415				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD BENGTSON, DEBORAH J ☒ Delete 2546 PALM ROAD WEST PALM BEACH, FL 33406				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD RINGHISER, BARBARA ☒ Delete 1702 N. D ST LAKE WORTH, FL 33460				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TC RINGHISER, BARBARA ☒ Change ☐ Addition 1702 N. D ST. LAKE WORTH, FL 33460				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V KRENZ, LEE ☒ Change ☐ Addition 2308A JUPITER LAKES JUPITER FL 33458				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD RENNE, MICHELLE ☐ Change ☒ Addition 6550 S. CONGRESS AV. LANTANA FL 33462				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D JACK STAMPER ☐ Change ☒ Addition 3716 S. 57th AV GREENACRES FL 33463				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Barbara Ringhiser</i></u> BARBARA RINGHISER <u>2/11/06</u> <u>561 588 5458</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					