

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90121 034 ****61.25

DOCUMENT # 756215
 1. Entity Name
PANAMA CITY GEM & MINERAL SOCIETY, INC.

Principal Place of Business P.O. BOX 35953 PANAMA CITY FL 32412-5953	Mailing Address P.O. BOX 35953 PANAMA CITY FL 32412-5953
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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6. Name and Address of Current Registered Agent
BANE, CURTIS G
911 BRANDEIS AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BANE, CURTIS G	
STREET ADDRESS	911 BRANDEIS AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HUMPAL, WILLARD M	
STREET ADDRESS	1510 HARVARD BLVD	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WHITTINGTON, GWEN	
STREET ADDRESS	2102 BROOKHILL RD	
CITY-ST-ZIP	DOTHAN AL 36301	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHINGS, JANIE G	
STREET ADDRESS	224 COLLINFURST SQ	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Kahn	
STREET ADDRESS	829 S. Highline Dr.	
CITY-ST-ZIP	Panama City, FL 32404	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allan Zan	
STREET ADDRESS	1204 E. 3rd St	
CITY-ST-ZIP	Panama City, FL 32401	
TITLE	Treasurer-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roth Alldredge	
STREET ADDRESS	316 Cherry St. #38	
CITY-ST-ZIP	Panama City, FL 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Lucy Alldredge 02/22/01 (850) 784-0740
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)