


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N13618 (6)**  
 1. Corporation Name  
**JACKSONVILLE GEM AND MINERAL SOCIETY, INC.**



Principal Place of Business 12138 CHEYENNE TRAIL JACKSONVILLE FL 32223 US	Mailing Address 12138 CHEYENNE TRL. SUITE 300 JACKSONVILLE FL 32223 US
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3. Date Incorporated or Qualified  
**02/27/1986**

4. FEI Number  
**59-2931144**

2. Principal Place of Business  
**JACKSONVILLE GEM AND MINERAL SOCIETY, INC**

21. Suite, Apt. #, etc.  
**JACKSONVILLE FLA**

22. City & State  
**4371 PHILLIPS HWY.**

23. Zip  
**32207**

24. Country  
**DUVAL**

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  
**SIRBERGER, JOHN B**  
**12138 CHEYENNE TRAIL**  
**JACKSONVILLE FL 32223**

10. Name and Address of New Registered Agent  
 81 Name  
**SORNBERGER, JOHN B.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**12138 CHEYENNE TRAIL**  
 83 City  
**JACKSONVILLE**  
 84 State  
**FL**  
 85 Zip Code  
**32223**

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 *John B. Sornberger* DATE **Jan 12 1998**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **D**  
 ULLIG, MARVIN  
 STREET ADDRESS **962 FRUITWOOD DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **PD**  
 SORNBERGER, JOHN  
 STREET ADDRESS **12138 CHEYENNE TRAIL**  
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE  DELETE  
 NAME **VD**  
 CASTEEL, PAUL  
 STREET ADDRESS **4249 GOLDIE STREET**  
 CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **SD**  
 ZANG, MILDRED  
 STREET ADDRESS **4303 FALLING LEAF COURT**  
 CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE  Change  Addition  
 4.2 NAME  
**VIVIAN HEATH**  
 4.3 STREET ADDRESS  
**2022 INWOOD TERRIS**  
 4.4 CITY-ST-ZIP  
**JACKSONVILLE FL 32207**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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: **JOHN SORNBERGER** *John B. Sornberger* DATE **Jan 12, 1998**

CR2E037 (10/97)