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**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90050 038 \*\*\*\*70.00

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N13618**

1. Corporation Name

**JACKSONVILLE GEM AND MINERAL SOCIETY, INC.**

\* 2 4 7 3 6 1 \*

Principal Place of Business

JACKSONVILLE GEM & MINERAL SOCIETY, INC.  
 4371 PHILLIPS HWY  
 JACKSONVILLE FL 32207  
 US

Mailing Address

JACKSONVILLE GEM & MINERAL SOCIETY, INC.  
 4371 PHILLIPS HWY  
 JACKSONVILLE FL 32207  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

Za. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

02/27/1986

4. FEI Number

59-2931144

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

9. Name and Address of Current Registered Agent

SORNBERGER, JOHN B  
 12138 CHEYENNE TRAIL  
 JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name **MARY CHAMBLISS**  
 82 Street Address (P.O. Box Number is Not Acceptable) **2452 HOLLY POINT RD. E.**  
 83  
 84 City **ORANGE PARK FL** 85 Zip Code **32073**

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

*Mary Evelyn Chambliss* **March 15, 99**

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	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ULLIG, MARVIN</b>
STREET ADDRESS	<b>962 FRUITWOOD DRIVE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>SORNBERGER, JOHN</b>
STREET ADDRESS	<b>12138 CHEYENNE TRAIL</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CASTEEL, PAUL</b>
STREET ADDRESS	<b>4249 GOLDIE STREET</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>HEATH, VIVIAN</b>
STREET ADDRESS	<b>2022 INWOOD TERRIS</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Mary E Chambliss</b>
1.3 STREET ADDRESS	<b>2452 HOLLY POINT RD. E.</b>
1.4 CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>
2.1 TITLE	<b>director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>John Sornberger</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>VED PRICE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>7038 HAFFORD LANE</b>
3.3 STREET ADDRESS	<b>JACKSONVILLE FL 32244</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>D JIM ROBINSON</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>1058 WILDERLAND DRIVE</b>
4.3 STREET ADDRESS	<b>JACKSONVILLE FL 32225</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>D BOBBIE BROWN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>5118 MARLENE AVE.</b>
5.3 STREET ADDRESS	<b>JACKSONVILLE FL 32210</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>D CHARLES L BROOME</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>2452 HOLLY POINT RD E</b>
6.3 STREET ADDRESS	<b>ORANGE PARK FL 32073</b>
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, with all other like empowered.

SIGNATURE: *Mary Evelyn Chambliss* **March 15, 1999 269-4044**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)

247361-90050-38  
N13618

## *Jacksonville Gem & Mineral Society*

1999 Officers and Directors:

### President

**Mary Evelyn Chambliss**  
2452 Holly Point Road East  
Orange Park, Florida 32073  
(904) 269-4046

### Directors:

**Charles L. Broome**  
2452 Holly Point Road East  
Orange Park, Florida 32073  
through 1999

### Vice-President

**Ed Price**  
7038 Hafford Lane  
Jacksonville, Florida 32244  
(904) 778-2610

**Bobbie Brown**  
5118 Marlene Avenue  
Jacksonville, Florida 32210  
through 2000

### Secretary

**Dianne Johnson**  
10215 Macon Road  
Jacksonville, Florida 32219  
(904) 768-8442

**Jim Robinson**  
1058 Wilderland Drive  
Jacksonville, Florida 32225  
through 2001

### Treasurer

**Vivian Heath**  
2022 Inwood Terrace  
Jacksonville, Florida 32207  
(904) 396-6038

### Past President

**John Sornberger**  
12138 Cheyenne Trail  
Jacksonville, Florida 32223

to:  
Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500