


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90055 050 ****61.25

DOCUMENT # N13618
 1. Entity Name
JACKSONVILLE GEM AND MINERAL SOCIETY, INC.



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

50013251



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

01242005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2931144

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
JOHNSON, DIANNE R
10215 MACON RD.
JACKSONVILLE, FL 32219

7. Name and Address of New Registered Agent
 Name **Edwin J. Johnson**
 Street Address (P.O. Box Number is Not Acceptable)
10215 Maccon Road
 City **Jacksonville, FL** Zip Code **32219**

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 *Edwin J. Johnson* **Edwin J. Johnson** **1-25-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is \$61.25
Due by May 1, 2005

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	Delete
P	JOHNSON, DIANNE R	10215 MACON RD.	JACKSONVILLE, FL 32219	<input checked="" type="checkbox"/>
V	BROWN, DEXTER	PO BOX 47173	JACKSONVILLE, FL 32247	<input checked="" type="checkbox"/>
SD	THOMPSON, INGER	9054 INWOOD TERR.	JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/>
VD	PRICE, ED	7038 HAFFORD LN.	JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/>
PD	JOHNSON, ED	10215 MACON RD.	JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/>
TD	HEATH, VIVIAN	2022 INWOOD TERR.	JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Johnson, Edwin J.	10215 Maccon Road	Jacksonville, Fl. 32219	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V. President	Jason Hamilton	7141 Natal Ave.	Jacksonville, Fl. 32254	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sec.	Kathy Wright	7115 Natal Ave.	Jacksonville, Fl. 32254	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Earl Carlson	1631 McCaul Rd.	Jacksonville, Fl. 32220	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Inge Thompson	905 Inwood Terrace	Jacksonville, Fl. 32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Cindy Neff	782 King St.	Jacksonville, Fl. 32204	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: *Edwin J. Johnson* **Edwin J. Johnson** **1-25-05** **904-768-8442**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #