

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13618

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC2056717703**

**Entity Name:** JACKSONVILLE GEM AND MINERAL SOCIETY, INC.

**Current Principal Place of Business:**

JACKSONVILLE GEM & MINERAL SOCIETY, INC.  
6653 POWERS AVE, SUITE 132  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

JACKSONVILLE GEM & MINERAL SOCIETY, INC.  
6653 POWERS AVE, SUITE 132  
JACKSONVILLE, FL 32217 US

**FEI Number:** 59-2931144

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIVER, CURTIS K  
829 E DOTY BRANCH LANE  
JACKSONVILLE, FL 32259 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SNOW, BILL  
Address 1028 MEADOWVIEW LANE  
City-State-Zip: ST AUGUSTINE FL 32085

Title PAST PRESIDENT  
Name FRAME, TOM  
Address 3133 CHAPELWOOD LN  
City-State-Zip: JACKSONVILLE FL 32216

Title TREASURER  
Name WEBB, MARI  
Address 11133 NEBRASKA AVE  
City-State-Zip: JACKSONVILLE FL 32219

Title DIRECTOR  
Name PRICE, LINDA  
Address 7038 HAFFORD LN  
City-State-Zip: JACKSONVILLE FL 32244

Title PRESIDENT  
Name MCCORMACK, MARY  
Address 10417 DEERFOOT LANE NORTH  
City-State-Zip: JACKSONVILLE FL 32257

Title PRESIDENT ELECT  
Name GUNSOLUS, DARLENE  
Address 13245 MARYWEATHER CT.  
City-State-Zip: JACKSONVILLE FL 32225

Title VP  
Name BARRS, HOMER  
Address 956 SILVER SPRING CT  
City-State-Zip: ST. AUGUSTINE FL 32092

Title DIRECTOR  
Name BOGER, KAREN  
Address 1729 MANCHESTER CT. N  
City-State-Zip: JACKSONVILLE FL 32259

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TOM FRAME

**PAST PRESIDENT**

**04/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            SECRETARY  
Name            FITZPATRICK, LOIS  
Address        85111 DELEENE RD  
City-State-Zip: YULEE FL 32092