


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 707211 1. Entity Name CANAVERAL MINERAL AND GEM SOCIETY INC	
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Principal Place of Business FRONT STREET CIVIC CENTER CITY OF MELBOURNE 900 E STRAWBRIDGE AVE MELBOURNE, FL 32901 US	Mailing Address MINERAL & GEM SOCIETY P O BOX 1597 MELBOURNE, FL 32901 US
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03222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2289133	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COLLINS, FRANCES P
301 POINSETTA ST
INDIALANTIC, FL 32903**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALMASI, JOHN 14 VIDA WAY MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BRITTON, RON 480 BOONE AVE WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLLINS, FRANCES P 301 POINSETTA ST INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAYMENT, LESLIE 262 DELMONTE RD SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/08-80046-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Frances P. Collins **FRANCES P. COLLINS** 4/20/08 321-773-6456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #