

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 05, 2007 8:00 am**  
**Secretary of State**

01-05-2007 90029 012 \*\*\*\*61.25

**DOCUMENT # 716952**

1. Entity Name  
**SUNCOAST GEM AND MINERAL SOCIETY,  
INCORPORATED**



Principal Place of Business  
**4619 69TH STREET NORTH  
ST. PETERSBURG, FL 33709 US**

Mailing Address  
**P.O. BOX 13254  
ST. PETERSBURG, FL 33733-3254 US**

**40000015**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01022007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**23-7056051**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAZELDEN, SUE:  
4823 14TH AVENUE NORTH  
SAINT PETERSBURG, FL 33713**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete  
NAME **SCHIOUGH, DON**  
STREET ADDRESS **82164 D. ST.**  
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE **DAVID CORDES** ☒ Change ☐ Addition  
NAME **1227-S. HILLCREST AVE.**  
STREET ADDRESS **CLEARWATER, FL. 33756**  
CITY-ST-ZIP

TITLE **VP** ☒ Delete  
NAME **CORDES, DAVID**  
STREET ADDRESS **1227 S HILLCREST AVE**  
CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE **BILL SCHMIDT** ☒ Change ☐ Addition  
NAME **3939 PORPOISE DR. S.E.**  
STREET ADDRESS **ST. PETERSBURG, FL. 33705**  
CITY-ST-ZIP

TITLE **RSD** ☐ Delete  
NAME **LARSON, JULIA**  
STREET ADDRESS **5297 HUNTINGTON ST. NE**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33703**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **HAZELDEN, SUE**  
STREET ADDRESS **4823 14TH AVE N**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33713**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CSD** ☐ Delete  
NAME **UPMAN, WALTER**  
STREET ADDRESS **3698-18TH AVE N**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33713**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BOGARD, TERRY**  
STREET ADDRESS **15666-49TH ST. N #1153**  
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Sue Hazelden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/2/07*

Date

*727-321-5732*

Daytime Phone #

ATTACHMENT

40000015

D

EVIE LOSTER

2150-23RD. AVE. N.

ST. PETERSBURG, FL 33713

D

GILBERT WEGAD

1018 -35TH. ST. N.

ST. PETERSBURG, FL. 33713

D

SUE BLACK

8136-22ND. AVE. N

ST. PETERSBURG, FL. 33710