2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716952

FILED Jan 11, 2008 Secretary of State

Entity Name: SUNCOAST GEM AND MINERAL SOCIETY, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 4619 69TH STREET NORTH ST. PETERSBURG, FL 33709 US **Current Mailing Address: New Mailing Address:** P.O. BOX 13254 ST. PETERSBURG, FL 337333254 US FEI Number: 23-7056051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAZELDEN, SUE 4823 14TH ÁVENUE NORTH US SAINT PETERSBURG, FL 33713 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CORDES, DAVID Name: Name: 1227- SOUTH HILLCREST AVE Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: Title: VΡ () Delete (X) Change () Addition SCHMIDT, BILL Name: SCHMIDT, BILL Name: Address: 3939 PORPOISE DR SE Address: 3939 PORPOISE DR SE City-St-Zip: SAINT PETERSBURG, FL 33705 City-St-Zip: SAINT PETERSBURG, FL 33711 Title: RSD () Delete Title: () Change () Addition LARSON, JULIA Name: Name: 5297 HUNTINGTON ST. NE Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33703 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: HAZELDEN, SUE Name: Address: 4823 14TH AVE N Address: City-St-Zip: SAINT PETERSBURG, FL 33713 City-St-Zip: Title: CSD () Delete Title: () Change () Addition UPMAN, WALTER Name: Name: 3698-18TH AVE N Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33713 City-St-Zip: Title: () Delete Title: (X) Change () Addition BOGARD, TERRY PALMER, PETER Name: Name: Address: 15666-49TH ST. N #1153 Address: 1144-23RD AVE N ST. PETERSBURG, FL 33704 CLEARWATER, FL 33762 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUE HAZELDEN TD 01/11/2008