


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90070 047 ****61.25

DOCUMENT # 732556	
1. Entity Name GEM AND MINERAL CLUB OF DELAND, INC.	

Principal Place of Business 113 CHIPOLA AVE DELAND, FL 32721-7265	Mailing Address 135 E. GOODHEART AVENUE LAKE MARY, FL 32746 US
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01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1788088	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEILER, THEODORE W. 813 OAK TREE TERRACE DELAND, FL 32724 <i>Ken Reed</i> <i>1113 CASS ST.</i> <i>Deland, FL 32720</i>	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 <i>Ken Reed</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<i>Kenneth Reed</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE <i>1/9/06</i>

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YOUNG, SODI Jodi 2344 DARTMOUTH RD DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP POTTS, REBECCA 1350 BLADON AVE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S REED, YOLANDA 1113 CASS ST. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CARR, KATHLEEN 135 EAST GOODHEART AVENUE LAKE MARY, FL 327462809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YOUNG, ANN 2344 DARTMOUTH RD. DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: <i>Kathleen A Carr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>1/9/06</i> Daytime Phone # <i>407 321 3029</i>