

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90073 041 \*\*\*\*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**

**66005558**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1788088**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**REED, KEN  
1113 CASS ST  
DELAND, FL 32720**

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

*Ken Reed*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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	<input type="checkbox"/> Delete
NAME	WILKINS, WILMA	
STREET ADDRESS	4138 KENTUCKY AVE	
CITY - ST - ZIP	DELAND, FL 32724	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POTTS, REBECCA	
STREET ADDRESS	1350 BLADON AVE	
CITY - ST - ZIP	DELTONA, FL 32738	
TITLE	S	<input type="checkbox"/> Delete
NAME	HALVEY, SANDRA	
STREET ADDRESS	1010 BLACKBURN RD	
CITY - ST - ZIP	PIERSON, FL 32180	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARR, KATHLEEN	
STREET ADDRESS	135 EAST GOODHEART AVENUE	
CITY - ST - ZIP	LAKE MARY, FL 327462809	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, ANN	
STREET ADDRESS	2344 DARTMOUTH RD.	
CITY - ST - ZIP	DELAND, FL 32724	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	413 E. Kentucky Av.	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Kathleen Carr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kathleen Carr 3/23/08 407 746 3829*

Date

Daytime Phone #