2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# 732556

Entity Name: GEM AND MINERAL CLUB OF DELAND, INC.

Current Principal Place of Business:

113 CHIPOLA AVE
DELAND, FL 327217265

New Principal Place of Business:

Current Mailing Address:

135 E. GOODHEART AVENUE
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 59-1788088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REED, KEN
1113 CASS ST
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: WILKINS, WILMA
Address: 413 E. KENTUCKY AVE
City-St-Zip: DELAND, FL 32724

Title: VP ( ) Delete
Name: POTTS, REBECCA
Address: 1350 BLADON AVE
City-St-Zip: DELTONA, FL 32738

Title: S ( ) Delete
Name: HALVEY, SANDRA
Address: 1010 BLACKBURN RD
City-St-Zip: PIERSON, FL 32180

Title: T ( ) Delete
Name: CARR, KATHLEEN
Address: 135 EAST GOODHEART AVENUE
City-St-Zip: LAKE MARY, FL 327462809

Title: D ( ) Delete
Name: YOUNG, ANN
Address: 2344 DARTMOUTH RD.
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: WILKINS, WILMA
Address: 413 E. KENTUCKY AVE
City-St-Zip: DELAND, FL 32724

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change ( ) Addition
Name: HALVEY, SANDRA
Address: 1010 BLACKBURN RD
City-St-Zip: PIERSON, FL 32180

Title: TREA (X) Change ( ) Addition
Name: CARR, KATHLEEN
Address: 135 EAST GOODHEART AVENUE
City-St-Zip: LAKE MARY, FL 327462809

Title: ( ) Change ( ) Addition
Name:
Address:
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: KATHLEEN CARR TREA 03/30/2009

Electronic Signature of Signing Officer or Director — Date