

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740604 (4)

1. Corporation Name

MIAMI MINERAL AND GEM SOCIETY, INC.



Principal Place of Business

Mailing Address

P.O. BOX 558172
MIAMI FL 33155-8172
US

P.O. BOX 558172
MIAMI FL 33155-8172
US

3. Date Incorporated or Qualified
10/24/1977

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0399849

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MONAGLE, WILLIAM T
11220 SW 60 COURT
MIAMI FL 33156**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

William T. Monagle

(NOTE: Registered Agent signature required when resigning)

3-18-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **GILLIS, LATONIA**
STREET ADDRESS **12380 S.W. 219 ST.**
CITY-ST-ZIP **GOULDS FL**

1.1 TITLE **P.** ☒ Change ☐ Addition
1.2 NAME **WILLIAM T. MONAGLE**
1.3 STREET ADDRESS **11220 SW 60 CT**
1.4 CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **S** ☒ DELETE
NAME **MONAGLE, MARY T**
STREET ADDRESS **11220 SW 60TH COURT**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE **S.** ☒ Change ☐ Addition
2.2 NAME **GILLIS, LATONIA**
2.3 STREET ADDRESS **12380 SW 219 ST**
2.4 CITY-ST-ZIP **MIAMI, FL**

TITLE **T** ☐ DELETE
NAME **PRINCE, BURTON**
STREET ADDRESS **5845 S.W. 49TH STREET**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **MONAGLE, WILLIAM T**
STREET ADDRESS **11220 S.W. 60TH COURT**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **MOORE, MADELINE**
4.3 STREET ADDRESS **13725A SW 84 ST.**
4.4 CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **D** ☐ DELETE
NAME **COOK, HAROLD**
STREET ADDRESS **2620 S.W. 15 ST.**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **EIKENBERRY, JAMES**
STREET ADDRESS **3180 W. 10TH AVE.**
CITY-ST-ZIP **HAIALEAH FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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, director, or trustee of the corporation, or a shareholder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, on an attachment with this filing.

SIGNATURE: **WILLIAM T. MONAGLE, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96 305-661-4316
DATE Daytime Phone

CR2E037 (12/95)