

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90038 039 ****61.25

DOCUMENT # 750729 1. Entity Name PLAYGROUND GEM AND MINERAL SOCIETY, INC.					
Principal Place of Business 17 1ST STREET FORT WALTON BEACH, FL 32548 US			Mailing Address 17-B FIRST STREET S.E. FORT WALTON BEACH, FL 32548 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07312005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1940286	
				Applied For ☒ Not Applicable	
				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	
REIKO CHAFIN 1004 BEACHVIEW DR. FORT WALTON BEACH, FL 32547				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by September 7, 2005		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	TR	☐ Delete	TITLE	Deletion	☐ Change ☒ Addition
NAME	CHAFIN, REIKO		NAME	Deletion Weston, Julie	
STREET ADDRESS	1004 BEACHVIEW DR.		STREET ADDRESS	701 Overbrook Dr.	
CITY-ST-ZIP	ORLANDO, FL 328172809		CITY-ST-ZIP	Fort Walton Bch FL 32547	
TITLE	S	☐ Delete	TITLE	Deletion	☐ Change ☒ Addition
NAME	PHILLIPS SHARON L.		NAME	Lebanoff, Larry	
STREET ADDRESS	9 BAYVIEW DRIVE		STREET ADDRESS	217 Alden Dr	
CITY-ST-ZIP	SHALIMAR, FL		CITY-ST-ZIP	Ft. Walton Beach FL 32547	
TITLE	P	☐ Delete	TITLE	Deletion	☐ Change ☒ Addition
NAME	KELLY, MARY PRESIDE		NAME	Phillips, Glenn	
STREET ADDRESS	119 ELM AVENUE		STREET ADDRESS	9 Bayview Dr	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP	Shalimar FL 32579	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BAGGETT, JANET DIRECTO		NAME		
STREET ADDRESS	312 BROOKS STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FLORES, VINCENT		NAME		
STREET ADDRESS	218 BRADLEY DR.		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	COON, WINNIE		NAME		
STREET ADDRESS	8198 TOLEDO ST.		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Reiko Chafin</i> Reiko Chafin			8-8-05 (850)862-4803		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		