NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754479

1. Corporation Name

MANASOTA ROCK AND GEM CLUB, INC.

Principal Place of Business

% THOMAS R LADD 2216 WELLESLEY DRIVE NORTH BRADENTON FL 34207 Mailing Address

% THOMAS R LADO 2216 WELLESLEY DRIVE NORTH BRADENTON FL 34207

FILED Apr 14, 1999 8:00 am Secretary of State

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|---|--|---------------------|--|----------------|-------------|---|--|
| Principal Place of Business 2a. Mailing Address | | | | | | 3. Date Incorporated or Qualifed | |
| 21 26 | | | The second secon | | | - 10/03/1980 | |
| | | | ite, Apt. #, etc. | | | 4. FEI Number Applied For | |
| 22 | • • • | 27 | | | | 59-2036545 Not Applicable | |
| | | | City & State | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| Zip | Country | Zip | ···· | Country | | 6. Election Campaign Financing \$5.00 May Be | |
| 24 | 25 | 29 | 3 | ¬ ´ | | Trust Fund Contribution Added to Fees | |
| 241 | 9. Name and Address of Current | | | | | 10. Name and Address of New Registered Agent | |
| | 10% (40% Me) (40 | | | 81 | Nam | me | |
| | | | | | | | |
| LADD, THOMAS R | | | | 82 | Stree | reet Address (P.O. Box Number is Not Acceptable) | |
| 2216 WELLESLEY DRIVE NORTH | | | | 83 | | | |
| BRADENTON FL 34207 | | | | Ĺ | | | |
| { | | | | 84 | City | y FL 85 Zip Code | |
| | | | Janisha Chadada | the share | | med corporation submits this statement for the purpose of changing its registered | |
| office or | registered agent or both in the State of | if Florida. Such cl | bange was auti | horized by | the cor | corporation's board of directors. I hereby accept the appointment as registered | |
| agent. I | am familiar with, and accept the obligati | ons of, Section 6 | 17.0503, Florid | la Statutes | | | |
| SIGNATURE | | | | | | | |
| | Signature, typed or printed name of registered agent | | (NOTE: R | egistered Ager | it signatur | ature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 12. | OFFICERS ANI | | DELETE | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | V | Ļ | ") NETCIC | 1,1 TITLE | | | |
| NAME | GENTRY, DOLORES | | | I. 1,2 NAME | | | |
| STREET ADDRESS | | | | 1.3 STREE | FADORES | (ESS) | |
| CITY-ST-ZIP | SARASOTA FL | | | 1.4 CITY-S | T-ZIP | ☐ Change ☐ Addition | |
| TITLE | T | Ļ | DELETE | 2.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | LADD, HELEN | | | 2.2 NAME | | | |
| STREET ADDRESS | s 2216 WELLESLEY DR: N | | | 2.3 STREE | ADDRES | ESS | |
| CITY+ST-ZIP | BRADENTON FL | | | 2. 4 CITY-S | T-ZIP | | |
| TITLE | D | D | DELETE | 3.1 TITLE | | Change Maddition | |
| NAME | HANSEN, RAYMOND | | | 3.2 NAME | | Ridenour, Wales Bud | |
| STREET ADDRESS | | | | 3.3 STREE | ADORES | Ridenour, Wales 4159 Center Gate Blvd. Sarasota, FL 34233 | |
| CITY-ST-ZIP | SARASOTA FL | | | 3.4. CITY- 9 | T-ZIP | Sarasota, FL 34233 | |
| TITLE | D | | DELETE | 4.1 TITLE | | Change Addition | |
| NAME | YOUNG, ANNA MAE | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | | 4,3 STREE | ADDRES | RESS | |
| CITY-ST-ZIP | BRADENTON FL | | _ | 4.4 CITY-S | T-ZIP | | |
| TITLE | S | | DELETE | 5.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | KEYSER, MARILYN | | | 5.2 NAME | | * | |
| STREET ADDRESS | | | | 5.3 STREE | ADDRES | RESS | |
| CITY-ST-ZIP | SARASOTA FL | | | 5.4 CITY-S | f-ZIP | | |
| TITLE CONTROL WAS | D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | DELETE | 6.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | LADD THOMAS R | | | 6.2 NAME | | | |
| STREET ADDRESS | 2216 WELLESLEY DR N | | | 6.3 STREE | ADORES | RESS | |
| 3 IKEE I ADDRESS | 22 ID WELLESLET UN N | | | 64 CTV C | | | |

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 6, 1999

94/ 1556428 Daytime Phone #