


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90041 001 ****61.25

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # 756215 1. Entity Name PANAMA CITY GEM & MINERAL SOCIETY, INC. | | | |  | |
| Principal Place of Business 1204 E. 3RD ST PANAMA CITY, FL 32401 | | | Mailing Address 1204 E. 3RD ST PANAMA CITY, FL 32401 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number NOT APPLICABLE | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent BANE, CURTIS G 911 BRANDEIS AVENUE PANAMA CITY, FL 32401 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LAMBERT, JOAN <input checked="" type="checkbox"/> Delete 920 YORKTOWN RD DOTHAN, AL 36301 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ALLDREDGE, RUTH <input type="checkbox"/> Delete 316 CHERRY ST. #38 PANAMA CITY, FL 32401 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LAMBERT, ARNIE <input checked="" type="checkbox"/> Delete 920 YORKTOWN RD DOTHAN, AL 363014372 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD COOK, GEORGE <input checked="" type="checkbox"/> Delete P.O. BOX 10297 PANAMA CITY, FL 32404 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| SP Whittington, Gwen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2102 Brookhill Road Dothan, AL 36301 | | | | | |
| PD Causby, Glen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 904 Colorado Avenue Lynn Haven, FL 32444 | | | | | |
| VD Appleby, Frank <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5621 Martin Court Callaway, FL 32404 | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 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: <u>Ruth Alldredge</u> , Treasurer 1/19/08 (850) 784-0740 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |