


FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766922 (9)
1. Corporation Name
IMPERIAL POLK COUNTY GEM AND MINERAL SOCIETY, IN C.



Principal Place of Business 1403 NEPTUNE DRIVE LAKELAND FL 33801 US	Mailing Address 1403 NEPTUNE DRIVE LAKELAND FL 33801-7044 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/09/1983		3a. Date of Last Report 01/29/1996	
21 Suite, Apt #, etc.		25 Suite, Apt #, etc.		4. FEI Number 59-2876520		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHUTT, WINFRED 1403 NEPTUNE DRIVE LAKELAND FL 33801				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COSTEN, AL			1.2 NAME	Marilyn Dantzman		
STREET ADDRESS	1724 WALDRUP ROAD			1.3 STREET ADDRESS	4865 Cherry Drive		
CITY-ST-ZIP	LAKELAND FL			1.4 CITY-ST-ZIP	Mulberry, FL 33860-9060		
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHUTT, WINFRED			2.2 NAME			
STREET ADDRESS	1403 NEPTUNE DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHUTT, SHIRLEY			3.2 NAME	Barbara Costen		
STREET ADDRESS	1403 NEPTUNE DRIVE			3.3 STREET ADDRESS	1724 Waldrup Road		
CITY-ST-ZIP	LAKELAND FL			3.4 CITY-ST-ZIP	Lakeland, FL 33810-0233		
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANZMAN, MARTE			4.2 NAME	Peta Codones		
STREET ADDRESS	4865 CHERRY DRIVE			4.3 STREET ADDRESS	50 Fairview Drive N.		
CITY-ST-ZIP	MULBERRY FL			4.4 CITY-ST-ZIP	Haines City, FL 33844-7700		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OVERCASH, WALTER JR.			5.2 NAME			
STREET ADDRESS	354 CLEARWATER AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	POLK CITY FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FALCIANO, JOHN			6.2 NAME	Jerry Kane		
STREET ADDRESS	805 W PRINCE STREET			6.3 STREET ADDRESS	917 S. 15th street		
CITY-ST-ZIP	LAKE ALFRED FL			6.4 CITY-ST-ZIP	Haines City, FL 33844-8681		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Marilyn Dantzman REQUIRED 4/10/97 (813) 663-3825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052446

CR2E037 (9/96)