

FILE NOW: FILING FEE IS \$61.25

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Jul 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

Mailing Address

**4489 NEPTUNE DRIVE  
LAKELAND FL 33801  
US**

**4489 NEPTUNE DRIVE  
LAKELAND FL 33801  
US**



3. Date Incorporated or Qualified

**02/09/1983**

4. FEI Number

**59-2876520**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 2251 HAVENDALE BLVD**

**26 1724 WALDRUP ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

**23 WINTER HAVEN, FLA**

**28 LAKELAND, FL**

Zip

Zip

Country

Country

24

25

**POLK**

**29 33810-0233**

30

**POLK**

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

**BARBARA COSTEN**

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

**1724 WALDRUP ROAD**

83

84 City

**LAKELAND**

**FL**

85 Zip Code

**33810**

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 **BARBARA COSTEN, PRESIDENT Barbara Costen** **4/22/98**

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	<b>T/P</b>	<input type="checkbox"/> DELETE
NAME	<b>COSTEN, BARBARA</b>	
STREET ADDRESS	<b>1724 WALDRUP ROAD</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	

1.1 TITLE	<b>T/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>WILLIAM A. COSTEN</b>	
1.3 STREET ADDRESS	<b>1724 WALDRUP ROAD</b>	
1.4 CITY-ST-ZIP	<b>LAKELAND, FL 33810-0233</b>	

TITLE	<b>DP D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHUTT, WINFRED</b>	
STREET ADDRESS	<b>1403 NEPTUNE DRIVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	

2.1 TITLE	<b>T/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>KARLA HARDIN</b>	
2.3 STREET ADDRESS	<b>1211 WOODLAND AVE.</b>	
2.4 CITY-ST-ZIP	<b>LAKELAND, FL 33801-2988</b>	

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CODONES, PETE</b>	
STREET ADDRESS	<b>50 FAIRVIEW DR N</b>	
CITY-ST-ZIP	<b>HAINES CITY FL</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DANTZMAN, MARILYN</b>	
STREET ADDRESS	<b>4865 CHERRY DRIVE</b>	
CITY-ST-ZIP	<b>MULBERRY FL</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OVERCASH, WALTER JR.</b>	
STREET ADDRESS	<b>354 CLEARWATER AVENUE</b>	
CITY-ST-ZIP	<b>POLK CITY FL</b>	

5.1 TITLE	<b>900002607179</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>-08/04/98--01072--026</b>	
5.3 STREET ADDRESS	<b>***61.25</b>	
5.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KANE, JERRY</b>	
STREET ADDRESS	<b>917 S 15 ST</b>	
CITY-ST-ZIP	<b>HAINES CITY FL</b>	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**PC 7.29**

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.

SIGNATURE: **Barbara Costen** **4/22/98**

CR2E037 (10/97)