FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Morthage .

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(5)

GULFCOAST GEM & MINERAL SOCIETY, INC.

FILED Mar 02 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address	
710 IOWA AVE., (LYNN HAVEN, FL) P. O. BOX 1885 PANAMA CITY FL 32401 US 2. Date Incorporated or Qualified 02/09/1984	
4. FEI Number	Applied For
2. Principal Place of Business 2s. Mailing Address 58-1272609	Not Applicable
21 26 5. Certificate of Status Desired LJ	\$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing	\$5.00 May Be
22 Trust Fund Contribution City & State City & State 7. Is this popprofit corporation a homeowr	Added to Fees
City & State City & State 7. Is this nonprofit corporation a homeowr 23 26 27.	□ No
Zip Country Zip Country 8. This corporation owes or has paid the co	current year Intangible
24 25 29 30 Personal Property Tax due June 30.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registers	d Agent
DELOGI POREDT	
FFLOCE, NODENI [82] Street Address (P.O. Box Number III/Not Acceptable)	444
1802 FOURTH ST -13 -13 -13 -13 -13 -13 -13 -13 -13 -13	
SOUTHPORT FL 32409 83 222 BEULAH AVE.	
84 City Party CALLAWAY F	L 85 32 404
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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	ppolitici as registered
SIGNATURE Signature, typod or philed named of registered against and trile if applicable [NOTE: Refficiend Against against a required when reinstating) DATE	198
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A	
TITLE D SCOELETE 11 TITLE VICE Pres.	Change Addition
NAME NEAL, BIBIANA 12 NAME Ma Coy, Saya A.	DUTH AVE
STREET ADDRESS 408 ROWE DRIVE 1.3 STREET ADDRESS POR 45 3 501	in a polici
CITY-SI-ZIP PANAMA CITY FL 324	Change Addition
0004 00000	TST CHANGE TO MODITION
no november no o DECA AN AME	LAU AUE
Supplied to a series of the se	
CITY-ST-ZIP PARKER FL CALLAWAY, FL 2.4 CITY-ST-ZIP PARKER FL CALLAWAY, 7 IIILE S DELETE 3.1 TITLE	☐ Change ☐ Addition
NAME COOK, TEIR JUANA	
STREET ADDRESS ROBOX-10280 222 BEHLAN AVE 33 STREET ADDRESS	
CHY-ST-ZIP PARKER FL CALLAWAY, PL 34.CHY-ST-ZIP	
TIFLE DELETE 4.1 TITLE	Change Addition
NAME HAVILAND, GUY 4. 2 NAME	
STREET ADDRESS 2929 FAIRMONT DR 4.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL 44 CITY-ST-ZIP	
TITLE D DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME PORTER, JACK 5.2 NAME	
STREET ADDRESS 339 FLOYD DRIVE 5.3 STREET ADDRESS	
CITY-SI-ZIP LYNN HAVEN FL 5.4 CITY-SI-ZIP	NY (5)
TIFLE DELETE 6.1 TIFLE	Change
NAME PFLEGEL, ROBERT 62 NAME	
STREET ADDRESS 1802 FOURTH STREET 6.3 STREET ADDRESS	
CITY-ST-ZIP SOUTH PORT FL 14. Liberaby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes Lifurther	

indicated on this annual report or supplice with this mind does not dually in the exemptor stated on this annual report or supplicmental 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.