

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90081 039 \*\*\*\*61.25

0006631

DOCUMENT # N01362

1. Corporation Name

GULFCOAST GEM & MINERAL SOCIETY, INC.

Principal Place of Business

710 IOWA AVE.. (LYNN HAVEN. FL)  
P. O. BOX 1885  
PANAMA CITY FL 32402

Mailing Address

408 ROWE DRIVE  
PANAMA CITY FL 32401  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/09/1984

4. FEI Number

58-1272609

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

COOK, GEORGE  
222 BEULAH AVE  
CALLAWAY FL 32404

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 *Sara A. McCoy*

*Sara A. McCoy*

2/13/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE  
NAME NEAL, BIBIANA  
STREET ADDRESS 453 SUDDUTH AVE  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE P ☐ DELETE  
NAME COOK, GEORGE  
STREET ADDRESS 222 BEULAH AVE  
CITY-ST-ZIP CALLAWAY FL 32404

TITLE S ☐ DELETE  
NAME COOK, TEIR JUANA  
STREET ADDRESS 222 BEULAH AVE  
CITY-ST-ZIP CALLAWAY FL

TITLE T ☐ DELETE  
NAME HAVILAND, GUY  
STREET ADDRESS 2929 FAIRMONT DR  
CITY-ST-ZIP PANAMA CITY FL

TITLE D ☐ DELETE  
NAME PORTER, JACK  
STREET ADDRESS 339 FLOYD DRIVE  
CITY-ST-ZIP LYNN HAVEN FL

TITLE D ☒ DELETE  
NAME PFLEGEL, ROBERT  
STREET ADDRESS 1802 FOURTH STREET  
CITY-ST-ZIP SOUTH PORT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *S* ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE *D* ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE *D* ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE *VP* ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE *P* ☐ Change ☒ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

*Sara A. McCoy*  
*453 Sudduth Ave*  
*PANAMA City FL 32401*

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:

*Sara A. McCoy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)