

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90006 003 ****61.25

DOCUMENT # N01362

1. Entity Name

GULFCOAST GEM & MINERAL SOCIETY, INC.



Principal Place of Business

710 IOWA AV
LYNN HAVEN FL 32444

Mailing Address

408 ROWE DRIVE
PANAMA CITY FL 32401
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1272609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, GEORGE
607 INDIANA AVE.
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

George Hall

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME NEAL, BIBIANA
STREET ADDRESS 408 ROWE DR
CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Delete

TITLE P
NAME HALL, GEORGE
STREET ADDRESS 607 INDIANA AVE.
CITY-ST-ZIP LYNN HAVEN FL 32444 ☐ Delete

TITLE VP
NAME LEE, WANDA
STREET ADDRESS 1128 S. GAY AVE., #160
CITY-ST-ZIP CALLAWAY FL 32404 ☐ Delete

TITLE S
NAME GUTTING, BOB
STREET ADDRESS 3133 W 21 CT
CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Delete

TITLE T
NAME NEAL, BIBIANA
STREET ADDRESS 408 ROWE DRIVE
CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Delete

TITLE D
NAME COOK, GEORGE
STREET ADDRESS 222 BEALAH AV
CITY-ST-ZIP CALLAWAY FL 32404 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SARA MCCOY
STREET ADDRESS 453 SADDLEBUSH AVE
CITY-ST-ZIP PANAMA CITY, FL 32401 ☒ Change ☐ Addition

12. 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 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:

Blair Neal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-04 850-763-0264