

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90134 023 ****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



1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

HALL, GEORGE
607 INDIANA AVE.
LYNN HAVEN FL 32444

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

GEORGE HALL, PRESIDENT

3-8-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	NEAL, BIBIANA	
STREET ADDRESS	408 ROWE DR	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	P	<input type="checkbox"/> Delete
NAME	HALL, GEORGE	
STREET ADDRESS	607 INDIANA AVE.	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LEE, WANDA	
STREET ADDRESS	1128 S. GAY AVE., #160	
CITY-ST-ZIP	CALLAWAY FL 32404	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUTTING, BOB	
STREET ADDRESS	3133 W 21 CT	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	I	<input type="checkbox"/> Delete
NAME	NEAL, BIBIANA	
STREET ADDRESS	408 ROWE DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOY, SARA	
STREET ADDRESS	453 SUDDUTH AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNIE PETERSEN	
STREET ADDRESS	P.O. BOX 16416	
CITY-ST-ZIP	PANAMA CITY, FL 32406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Bibiana Neal

BIBIANA NEAL, TREASURER/DIRECTOR 3-8-05 850-763-0264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #