

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90069 008 ****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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PORTER, JACK
339 FLOYD DR
LYNN HAVEN FL 32444**

7. Name and Address of New Registered Agent

Name **GEORGE HALL**

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

607 INDIANA AVE

City **LYNN HAVEN, FL**

FL

Zip Code **32444**

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 J. HALL P.**
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

8-12-03

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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 checked="" type="checkbox"/> Delete
NAME	PORTER, JACK	
STREET ADDRESS	339 FLOYD DR	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HALL, GEORGE	
STREET ADDRESS	607 INDIANA AV	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUTTING, BOB	
STREET ADDRESS	3133 W 21 CT	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	T	<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	COOK, GEORGE	
STREET ADDRESS	222 BEALAH AV	
CITY-ST-ZIP	CALLAWAY FL 32404	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE HALL	
STREET ADDRESS	607 INDIANA AVE	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANDA LEE	
STREET ADDRESS	1128 S. GAY AVE., #160	
CITY-ST-ZIP	CALLAWAY, FL 32404	
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

8-11-03

850-763-0264

CR2E037 (4/03)