## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02021

FILED Apr 05, 2005 Secretary of State

Entity Name: FLORIDA MINERALS AND CHEMISTRY COUNCIL, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:			
1311 EXEC	Y D. STEPHEI UTIVE CENTE SEE, FL 3230	ER DRIVE, SUITE 225					
Current Mailing Address:			New Maili	New Mailing Address:			
1311 EXEC	Y D. STEPHEI UTIVE CENTE SEE, FL 3230	ER DRIVE, SUITE 225					
FEI Number:	59-2422852	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certif	ficate of Status Desired	( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New R	egistered Agent:		
1311 EXEC SUITE 225 TALLAHAS			irpose of changing it	ts registered office c	or registered agent, o	or both,	
SIGNATUR							
	Electron	ic Signature of Registered Ager	nt		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () EMERT, DON 4575 HWY. 90 E PACE, FL 3257		Title: Name: Address: City-St-Zip:	()Chang	ge ( ) Addition		
Title: Name: Address: City-St-Zip:	D () POSEY, STAN P. O. BOX 300 WHITE SPRING	Delete S, FL 32096	Title: Name: Address: City-St-Zip:	()Chang	ge ( ) Addition		
Title: Name: Address: City-St-Zip:	ST () BATTS, MIKE 2916 EAST PAR TALLAHASSEE,		Title: Name: Address: City-St-Zip:	()Chang	ge ( ) Addition		
Title: Name: Address: City-St-Zip:	D () NICHOLS, SHEI P. O. BOX 97 GONZALEZ, FL		Title: Name: Address: City-St-Zip:	D (X) Chang PETERSON, REBECC P. O. BOX 97 GONZALEZ, FL 3256			
Title: Name: Address: City-St-Zip:	D () FRAIN, RICK PO BOX 550850 JACKSONVILLE		Title: Name: Address: City-St-Zip:	D (X) Chang FOX, ROBERT 3012 HIGHWAY 301 N TAMPA, FL 33619	ge ( ) Addition		
Title: Name: Address: City-St-Zip:	D () MIHALIK, DAVIE 1101 N. MADISO QUINCY, FL 32	ON ST.	Title: Name: Address: City-St-Zip:	()Chang	ge ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE BATTS ST 04/05/2005