

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90019 031 \*\*\*\*61.25

**DOCUMENT # N03000010087**

1. Entity Name

**IMPERIAL BONE VALLEY GEM, MINERAL AND FOSSIL  
SOCIETY, INC.**



Principal Place of Business

**4865 CHERRY DR  
MULBERRY FL 33860-9060**

Mailing Address

**P.O. BOX 2054  
AUBURNDALE FL 33823**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E037 (10/05)

4. FEI Number

**37-1479962**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DANTZMAN, MARILYN  
4865 CHERRY DR  
MULBERRY FL 33860-9060**

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

*Marilyn Dantzman*

*Marilyn Dantzman*

*2/14/2006*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 **P** ☐ Delete  
NAME **DAVIS, JANE**  
STREET ADDRESS **397 WHISPER OAKS DR**  
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **T** ☐ Delete  
NAME **MOORE, KIMBERLY**  
STREET ADDRESS **5711 BERKELEY RD**  
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **S** ☒ Delete  
NAME **PERCEFULL, SUSIE**  
STREET ADDRESS **1905 PIONEER DR**  
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **V** ☐ Delete  
NAME **GRICIUS, ANTHONY**  
STREET ADDRESS **6705 BROKEN ARROW TR S**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **V** ☒ Delete  
NAME **AUGER, LORAIN**  
STREET ADDRESS **1352 EDGEWATER BEACH DR**  
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **D** ☒ Delete  
NAME **APPENZELLER, MARGARET**  
STREET ADDRESS **306 TOWNBRIDGE DR**  
CITY-ST-ZIP **HAINES CITY FL 33844**

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 **Sec** ☐ Change ☒ Addition  
NAME **Cynthia Reed**  
STREET ADDRESS **5740 Hebron Lane**  
CITY-ST-ZIP **Lakeland, FL 33813**

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

TITLE **VP** ☐ Change ☒ Addition  
NAME **Tom Abel**  
STREET ADDRESS **4510 Glen Eden**  
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE **D** ☐ Change ☒ Addition  
NAME **Jan Liles**  
STREET ADDRESS **2055 S. Floral Ave, Lot 140**  
CITY-ST-ZIP **Bartow, FL 33830-9160**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Marilyn Dantzman*

*2/14/2006 863-428-1214*