

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13618

FILED
Apr 28, 2009
Secretary of State

Entity Name: JACKSONVILLE GEM AND MINERAL SOCIETY, INC.

Current Principal Place of Business:

JACKSONVILLE GEM & MINERAL SOCIETY, INC.
6653 POWERS AVE, SUITE 132
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

JACKSONVILLE GEM & MINERAL SOCIETY, INC
6653 POWERS AVE. SUITE 132
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-2931144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, JASON J
7141 NATAL AVE
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAMILTON, JASON
Address: 7141 NATAL AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: VPD () Delete
Name: FRAME, TOM
Address: 3133 CHAPELWOOD
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD () Delete
Name: ROBERTS, MARY LOU
Address: 9359 103RD ST #9
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: CARLSON, EARL
Address: 1631 MCCAUL RD
City-St-Zip: JACKSONVILLE, FL 32220

Title: D (X) Delete
Name: CECIL, MICKEY
Address: 1121 MONTEGO ROAD W
City-St-Zip: JACKSONVILLE, FL 32216

Title: TD () Delete
Name: ROSE, HARRIET
Address: 3713 PONCE DE LEON AVE
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CASINI, PAUL
Address: 588 POWDERHORN RD
City-St-Zip: SAINT MARYS, GA 31558

Title: SD (X) Change () Addition
Name: CASINI, CINDY
Address: 588 POWDERHORN RD
City-St-Zip: ST MARYS, GA 31558

Title: D (X) Change () Addition
Name: SIVER, CURTIS
Address: 859 E DOTY BRANCH LN
City-St-Zip: ST JOHNS, FL 32259

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CURTIS SIVER

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date