FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 11 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758172 (1)

1. Corporation Name

GULFPORT COMMUNITY PLAYERS, INC.

Principal Place of Business	Mailing Address
3050 BEACH BLVD SO GULFPORT FL 33707	3050 BEACH BLVD SO GULFPORT FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/26/1981	04/21/1994

4. FEI Number: 59-2135038 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	
21	26	
Suite, Apt. #, etc	Suite, Apt. #, etc	
22	27	
City & State	City & State	
23	28	
Zip 24 / Country 25	Zip 29 / Country 30	

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RYERSON, JUDITH C 5855 27TH AVE S GULFPORT FL 33707	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______________________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	GAGNON, LORRAINE	12 NAME	
STREET ADDRESS	4738 29 AVENUE SOUTH	13 STREET ADDRESS	
CITY ST ZIP	GULFPORT FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	HICKMAN, CATHERINE	22 NAME	Hickman, Keith
STREET ADDRESS	5929 GULFPORT BLVD. SO.	23 STREET ADDRESS	5929 Gulfport Blvd. So.
CITY ST ZIP	GULFPORT FL	24 CITY ST ZIP	Gulfport Fl 33707
TITLE	P	31 TITLE	D ☒ Change ☐ Addition
NAME	KENT DAVID R	32 NAME	Atkinson, Mary
STREET ADDRESS	2814 BEACH BLVD	33 STREET ADDRESS	2625 58 St. So.
CITY ST ZIP	GULFPORT FL	34 CITY ST ZIP	Gulfport Fl 33707
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	RYERSON, JUDITH	42 NAME	
STREET ADDRESS	5855 27 AVE SO.	43 STREET ADDRESS	
CITY ST ZIP	GULFPORT FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	P ☒ Change ☐ Addition
NAME	GUY TOM	52 NAME	Valdes, Carol
STREET ADDRESS	P O BOX 589	53 STREET ADDRESS	6550 51st Terrace No.
CITY ST ZIP	ST PETERSBURG FL	54 CITY ST ZIP	St.Petersburg, Fl 33709
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	BARBEY, RUTH	62 NAME	Adornato, Helen
STREET ADDRESS	3044 CLINTON ST S	63 STREET ADDRESS	3018 59th St. So.
CITY ST ZIP	GULFPORT FL	64 CITY ST ZIP	Gulfport, Fl 33707

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judith C Ryerson Judith C. Ryerson, Treasurer 5/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0068821