

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

May 01 1996 8:00 am

Secretary of State

DOCUMENT # 758172 (1)

1. Corporation Name

GULFPORT COMMUNITY PLAYERS, INC.

Principal Place of Business

3050 BEACH BLVD SO.
GULFPORT FL 33707

Mailing Address

3050 BEACH BLVD SO.
GULFPORT FL 33707

3. Date Incorporated or Qualified
10/26/1981

3a. Date of Last Report
05/11/1995

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

Country

Zip

Country

24

25

29

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4. FEI Number

59-2135038

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	GAGNON, LORRAINE
STREET ADDRESS	4738 29 AVENUE SOUTH
CITY - ST - ZIP	GULFPORT FL
TITLE	D
NAME	HICKMAN, KEITH
STREET ADDRESS	5929 GULFPORT BLVD. SO
CITY - ST - ZIP	GULFPORT FL
TITLE	D
NAME	ATKINSON, MARY
STREET ADDRESS	2625 58 ST S
CITY - ST - ZIP	GULFPORT FL
TITLE	T
NAME	RYERSON, JUDITH
STREET ADDRESS	5855 27 AVE SO.
CITY - ST - ZIP	GULFPORT FL 33707
TITLE	P
NAME	VALES, CAROL
STREET ADDRESS	6550 51ST TERRACE NO
CITY - ST - ZIP	ST. PETE FL
TITLE	D
NAME	ADORANTO, HELEN
STREET ADDRESS	3018 59TH STREET S
CITY - ST - ZIP	GULFPORT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SD Marcy, Peggy
1.2 NAME	4771 Baywood Pt. So.
1.3 STREET ADDRESS	Gulfport, FL 33711
1.4 CITY - ST - ZIP	
2.1 TITLE	D
2.2 NAME	Daan Dobbs
2.3 STREET ADDRESS	13324 3rd St. East
2.4 CITY - ST - ZIP	Madeira Beach, FL 33708
3.1 TITLE	XUEREB, CARLANTHONY
3.2 NAME	PO BOX 673 N/A
3.3 STREET ADDRESS	BAY PINES, FL 33504
3.4 CITY - ST - ZIP	N/A
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	P
5.2 NAME	Shaner, Ethel
5.3 STREET ADDRESS	4917 1/2 9th Ave So
5.4 CITY - ST - ZIP	Gulfport, FL 33707
6.1 TITLE	VP
6.2 NAME	Mary Orzech
6.3 STREET ADDRESS	1211 58th St So.
6.4 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 4-16-96 813-893-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)