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FILED

May 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758172 (1)

1. Corporation Name

GULFPORT COMMUNITY PLAYERS, INC.

Principal Place of Business

Mailing Address

3050 BEACH BLVD SO.
GULFPORT FL 337073050 BEACH BLVD SO.
GULFPORT FL 33707-55673. Date Incorporated or Qualified
10/26/19813a. Date of Last Report
04/22/19964. FEI Number
59-2135038Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME MARCY, PEGGY
STREET ADDRESS 4771 BAYWOOD PT. SO.
CITY-ST-ZIP GULFPORT FL 337111.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME DOBBS, DEAN
STREET ADDRESS 13324 3RD ST. E.
CITY-ST-ZIP MADEIRA BCH. FL 337082.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME XUEREB, CARLANTHONY
STREET ADDRESS PO BOX 673 N/A
CITY-ST-ZIP BAY PINES FL 335043.1 TITLE VP ☐ Change ☒ Addition
3.2 NAME ATKINSON, MARY
3.3 STREET ADDRESS 2625 - 58th ST. So.
3.4 CITY-ST-ZIP GULFPORT, FL 33707TITLE T ☐ DELETE
NAME RYERSON, JUDITH
STREET ADDRESS 5855 27 AVE SO.
CITY-ST-ZIP GULFPORT FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE P ☒ DELETE
NAME SHANER, ETHEL
STREET ADDRESS 4917 1/2 9TH AVE. SO.
CITY-ST-ZIP GULFPORT FL 337075.1 TITLE P ☐ Change ☒ Addition
5.2 NAME POIK, M. CAROL
5.3 STREET ADDRESS 4700 TRADEWINDS DR. So.
5.4 CITY-ST-ZIP GULFPORT, FL 33711TITLE VP ☐ DELETE
NAME ORZECZ, MARY
STREET ADDRESS 1211 58TH ST. SO.
CITY-ST-ZIP GULFPORT FL 337076.1 TITLE P ☒ Change ☐ Addition
6.2 NAME ORZECZ, MARY
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 RYERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0080359

4-29-97 813-893-1000

CR2E037 (9/96)