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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758172

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/26/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2135038	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		25		29	
Country		Country		30	

9. Name and Address of Current Registered Agent

RYERSON, JUDITH C
5855 27TH AVE S
GULFPORT FL 33707

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTWRIGHT, JAMES C	1.2 NAME	
STREET ADDRESS	5309-15 AVENUE SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL 33707	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOBBS, DEAN	2.2 NAME	CULLER, CATHERINE
STREET ADDRESS	13324 3RD ST. E.	2.3 STREET ADDRESS	5122 31 AVE. SO
CITY-ST-ZIP	MADEIRA BCH. FL 33708	2.4 CITY-ST-ZIP	GULFPORT, FL 33707
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATKINSON, MARY	3.2 NAME	BROCK CAROLYN
STREET ADDRESS	2625 58 ST. S.	3.3 STREET ADDRESS	4814 CORONADO WAY SO
CITY-ST-ZIP	GULFPORT FL	3.4 CITY-ST-ZIP	GULFPORT, FL 33711
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYERSON, JUDITH	4.2 NAME	
STREET ADDRESS	5855 27 AVE SO.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLK, M C	5.2 NAME	
STREET ADDRESS	4700 TRADEWINDS DR. S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	5.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORZECZ, MARY	6.2 NAME	NALDES, CAROL
STREET ADDRESS	1211 58TH ST. SO.	6.3 STREET ADDRESS	8502 60 ST. NB
CITY-ST-ZIP	GULFPORT FL	6.4 CITY-ST-ZIP	PINELLAS PARK, FL 33781

14. I 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, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99 727-893-1000

Date

Daytime Phone #

CR2E037 (11/98)