

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758172

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** GULFPORT COMMUNITY PLAYERS, INC.

**Current Principal Place of Business:**

4919 17TH AVE S  
GULFPORT, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

4919 17TH AVE S  
GULFPORT, FL 33707

**New Mailing Address:**

**FEI Number:** 59-2135038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RYERSON, JUDITH C  
2960 - 59TH STREET SO. #301  
GULFPORT, FL 33707 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: P ( ) Delete  
Name: NAVARRO, EILEEN  
Address: 2308 - 58 ST SO  
City-St-Zip: GULFPORT, FL 33707

Title: D ( ) Delete  
Name: CULLER, CATHERINE  
Address: 3010 - 59TH STREET SO.  
City-St-Zip: GULFPORT, FL 33707

Title: D ( ) Delete  
Name: CAROLYN, BROCK  
Address: 4814 CORONADO WAY SO.  
City-St-Zip: GULFPORT, FL 33711

Title: VP ( ) Delete  
Name: RYERSON, JUDITH,  
Address: 2960 - 59TH STREET SO.  
City-St-Zip: GULFPORT, FL 33707

Title: D ( ) Delete  
Name: POLK, L. CAROL  
Address: 4700 TRADE WINDS DRIVE  
City-St-Zip: GULFPORT, FL 33711

Title: D ( ) Delete  
Name: NAUGHTON, DONNA  
Address: 2813 - 54 ST SO  
City-St-Zip: GULFPORT, FL 33707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: EILEEN NAVARRO

P

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date