

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90058 050 ****70.00

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1. Entity Name

GULFPORT COMMUNITY PLAYERS, INC.



Principal Place of Business

**3050 BEACH BLVD SO.
GULFPORT FL 33707**

Mailing Address

**P.O. BOX 5071
GULFPORT FL 3373 -5071**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2135038**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RYERSON, JUDITH C
2960 - 59 ST SO #301
GULFPORT FL 33707**

Name **RYERSON, JUDITH C**
Street Address **2960 - 59th St So #301**
City **GULFPORT, FL 33707**
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P NAVARRO, EILEEN**
STREET ADDRESS **2308 - 58 ST SO**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☐ Change ☒ Addition
NAME **Thomas F. Smerz**
STREET ADDRESS **1525 - 52nd St. So.**
CITY-ST-ZIP **Gulfport, FL 33707**

TITLE ☐ Delete
NAME **S CULLER, CATHERIN**
STREET ADDRESS **5122 31 AVE S**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☒ Change ☐ Addition
NAME **D Catherine Culler**
STREET ADDRESS **3010 59th St. So.**
CITY-ST-ZIP **Gulfport, FL 33707**

TITLE ☐ Delete
NAME **D CAROLYN, BROCK**
STREET ADDRESS **4814 CORONADO WAY SO.**
CITY-ST-ZIP **GULFPORT FL 33711**

TITLE ☐ Change ☒ Addition
NAME **D Helen Parramore**
STREET ADDRESS **7550 Sunshine Skyway Lane T-47**
CITY-ST-ZIP **St. Petersburg, FL 33711**

TITLE ☐ Delete
NAME **T RYERSON, JUDITH**
STREET ADDRESS **2960 - 59 ST SO #301**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☒ Change ☐ Addition
NAME **VP Judith Ryerson**
STREET ADDRESS **2960 - 59th St. So**
CITY-ST-ZIP **Gulfport, FL 33707**

TITLE ☒ Delete
NAME **VP VALDES, CAROL**
STREET ADDRESS **5609 20TH AVENUE SOUTH**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☐ Change ☒ Addition
NAME **D L. Carol Polk**
STREET ADDRESS **4700 Trade Winds Drive**
CITY-ST-ZIP **Gulfport, FL 33711**

TITLE ☐ Delete
NAME **D NAUGHTON, DONNA**
STREET ADDRESS **2813 - 54 ST SO**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☐ Change ☒ Addition
NAME **D Francis G. Hale IV**
STREET ADDRESS **5731 - 23rd Avenue So.**
CITY-ST-ZIP **Gulfport, FL 33707**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS F. SMERZ, TREASURER

04 Feb. 2003 727-327-3157

CR2E037 (10/02)