

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N00473 (1)**

1. Corporation Name
GULFPORT HISTORICAL SOCIETY, INC.



Principal Place of Business Mailing Address
P O BOX 5152 P O BOX 5152
P.O. BOX 5152 P.O. BOX 5152
GULFPORT FL 33737 GULFPORT FL 33737

3. Date Incorporated or Qualified **12/19/1983** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 5301-28 AVE S 26 PO BOX 5152

4. FEI Number **59-2233310** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 Gulfport FL 28 Gulfport FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 33709 25 PINELLAS 29 33737 30 PINELLAS

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MARY ATKINSON
2625 58 STREET SOUTH
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 **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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, MARGARET W	1.2 NAME	MARGARET KENT CORA
STREET ADDRESS	5118 29 AVENUE SOUTH	1.3 STREET ADDRESS	2814 - BEACH BLVD S.
CITY-ST-ZIP	GULFPORT FL SEE Below #4	1.4 CITY-ST-ZIP	Gulfport FL 33707
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY SECRETARY-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYERSON, JUDY	2.2 NAME	RONI MASSE, RONI
STREET ADDRESS	5855 27TH AVE. S.	2.3 STREET ADDRESS	5214 - 30 AVE S.
CITY-ST-ZIP	GULFPORT FL 33707	2.4 CITY-ST-ZIP	Gulfport FL 33707
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTY, LAURENCE	3.2 NAME	LOVE, LOUISE
STREET ADDRESS	5217 221 AVENUE SOUTH	3.3 STREET ADDRESS	2720 - 57 STREET SOUTH
CITY-ST-ZIP	GULFPORT FL 33707	3.4 CITY-ST-ZIP	Gulfport FL 33707
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER-D BROOKS, MARGARET W	4.2 NAME	HOON, PRISCILLA
STREET ADDRESS	5118-29TH AVE S	4.3 STREET ADDRESS	4319 - 26 AVE South
CITY-ST-ZIP	GULFPORT FL 33707	4.4 CITY-ST-ZIP	St Petersburg FL 33711
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DECEASED <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKMAN, CATHERINE A.	5.2 NAME	
STREET ADDRESS	5929 GULFPORT BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL DECEASED	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	ATKINSON, MARY	6.2 NAME	
STREET ADDRESS	2625 58TH ST S.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL 33707	6.4 CITY-ST-ZIP	

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: Margaret W Brooks MARGARET W Brooks 06-14-96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)