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Feb 26 1997 8:00am
Secretary of State

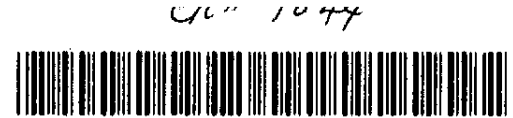
NONPROFIT CORPORATION
ANNUAL REPORT
1997



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
5301 28 AVE SOUTH P.O. BOX 5152
P.O. BOX 5152 P.O. BOX 5152
GULFPORT FL 33707 GULFPORT FL 33737-5152
US US

3. Date Incorporated or Qualified 12/19/1983
3a. Date of Last Report 07/02/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-2233310
Applied For Not Applicable

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARY ATKINSON
2625 58 STREET SOUTH
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP-D	<input type="checkbox"/> DELETE
NAME	KENT, CORA	
STREET ADDRESS	2814 BEACHBLVD S	
CITY-ST-ZIP	GULFPORT FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MASSE, RONI	
STREET ADDRESS	5214 30 AVE S	
CITY-ST-ZIP	GULFPORT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOVE, LOUISE	
STREET ADDRESS	2720-57 STREET SOUTH	
CITY-ST-ZIP	GULFPORT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOON, PRISCILLA	
STREET ADDRESS	4319 26 AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ATKINSON, MARY	
STREET ADDRESS	2625 58TH ST S.	
CITY-ST-ZIP	GULFPORT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RYERSON, Judith	
1.3 STREET ADDRESS	5855-27 AVES	
1.4 CITY-ST-ZIP	Gulfport FL 33707	
2.1 TITLE	T.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BROOKS, MARGARET W	
2.3 STREET ADDRESS	5118-29 AVE South	
2.4 CITY-ST-ZIP	GULFPORT FL 33707	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MCCARTHY LAURENCE T.	
3.3 STREET ADDRESS	5217-21 AVE South	
3.4 CITY-ST-ZIP	Gulfport FL 33707	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BROWN, LYNNE	
4.3 STREET ADDRESS	6344-9 AVE South	
4.4 CITY-ST-ZIP	Gulfport FL 33707	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Margaret W Brooks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 19 1997 (813) 321-1948
Date Day/In Phone # 0052353

CR2E037 (9/96)