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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 26 AVE SOUTH P.O. BOX 5152 GULFPORT FL 33707 US	P.O. BOX 5152 P.O. BOX 5152 GULFPORT FL 33737 US

3. Date Incorporated or Qualified: 12/19/1983

4. FEI Number: 59-2233310 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☒ DELETE	1.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	KENT, CORA		1.2 NAME	Christine Brown	
STREET ADDRESS	2814 BEACHBLVD S		1.3 STREET ADDRESS	2802 - 53rd St. S.	
CITY-ST-ZIP	GULFPORT FL		1.4 CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	SD	☒ DELETE	2.1 TITLE	secretary	☐ Change ☒ Addition
NAME	MASSE, RONI		2.2 NAME	Carol Valdes	
STREET ADDRESS	5214 30 AVE S		2.3 STREET ADDRESS	8502 - 60 Street N.	
CITY-ST-ZIP	GULFPORT FL		2.4 CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	LOVE, LOUISE		3.2 NAME		
STREET ADDRESS	2720-57 STREET SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL 33707		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HOON, PRISCILLA		4.2 NAME		
STREET ADDRESS	4319 26 AVENUE SOUTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33711		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	ATKINSON, MARY		5.2 NAME		
STREET ADDRESS	2625 58TH ST S.		5.3 STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL 33707		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	RYERSON, JUDITH		6.2 NAME		
STREET ADDRESS	5855-27 AVE S		6.3 STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL 33707		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Christine Brown 1-24-98 813-323-3392