

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90011 038 ****70.00

DOCUMENT # N00473

1. Entity Name
GULFPORT HISTORICAL SOCIETY, INC.

Principal Place of Business 5301 28 AVE SOUTH P.O. BOX 5152 GULFPORT FL 33707 US	Mailing Address P.O. BOX 5152 P.O. BOX 5152 GULFPORT FL 33737-5152 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2233310	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MARY ATKINSON
2625 58 STREET SOUTH
GULFPORT FL 33707

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS	
T BROWN, CHRISTINE 2802-53RD ST S GULFPORT FL 33707	<input type="checkbox"/> Delete
S VALDES, CAROL 8502-60 STREET N PINELLAS PARK FL 33781	<input type="checkbox"/> Delete
D LOVE, LOUISE 2720-57 STREET SOUTH GULFPORT FL 33707	<input checked="" type="checkbox"/> Delete
D HOON, PRISCILLA 4319 26 AVENUE SOUTH ST PETERSBURG FL 33711	<input type="checkbox"/> Delete
D ATKINSON, MARY 2625 58TH ST S. GULFPORT FL 33707	<input type="checkbox"/> Delete
PD RYERSON, JUDITH 5855-27 AVE S GULFPORT FL 33707	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED *Christine Brown* 4-27-00 727-323-3392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)