

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
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DOCUMENT # **N00473** (1)

1. Corporation Name

GULFPORT HISTORICAL SOCIETY, INC.



Principal Place of Business

Mailing Address

P O BOX 5152
P.O. BOX 5152
GULFPORT FL 33737

P O BOX 5152
P.O. BOX 5152
GULFPORT FL 33737

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

2. Principal Place of Business
21 **5301- 28 AVE S**

2a. Mailing Address
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
23 **Gulfport FL**

City & State
28 **Gulfport FL**

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

Zip
24 **33707**

Country
25 **Pinellas**

Zip
29 **33737**

Country
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

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
85 Zip Code **FL**

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

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

(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
NAME	BROOKS, MARGARET W	
STREET ADDRESS	5118 29 AVENUE SOUTH	SEE Below #4
CITY-ST-ZIP	GULFPORT FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RYERSON, JUDY	
STREET ADDRESS	5855 27TH AVE. S.	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCARTY, LAURENCE	
STREET ADDRESS	5217 221 AVENUE SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	TREASURER-D	<input type="checkbox"/> DELETE
NAME	BROOKS, MARGARET W	
STREET ADDRESS	5118-29TH AVE S	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HICKMAN, CATHERINE A.	DECEASED
STREET ADDRESS	5929 GULFPORT BLVD.	
CITY-ST-ZIP	GULFPORT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ATKINSON, MARY	
STREET ADDRESS	2625 58TH ST S.	
CITY-ST-ZIP	GULFPORT FL 33707	

1.1 TITLE	V PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KENT, CORA	
1.3 STREET ADDRESS	2814- BEACH BLVD S.	
1.4 CITY-ST-ZIP	GULFPORT FL 33707	
2.1 TITLE	SECRETARY-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MASSE, RONI	
2.3 STREET ADDRESS	5214 - 30 AVE S.	
2.4 CITY-ST-ZIP	GULFPORT FL 33707	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LOVE, LOUISE	
3.3 STREET ADDRESS	2720 - 57 STREET 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	HOON, PRISCILLA	
4.3 STREET ADDRESS	4319 - 26 AVE South	
4.4 CITY-ST-ZIP	ST PETERSBURG FL 33711	
5.1 TITLE	DECEASED	<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 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)